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Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **440016** **(4)**

1. Corporation Name
SUWANNEE VALLEY SERVICE CORPORATION

Principal Place of Business	Mailing Address
804 SOUTH OHIO AVENUE P O DRAWER Q LIVE OAK FL 32060	804 SOUTH OHIO AVENUE P O DRAWER Q LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1973**

2. Principal Place of Business (21): 2a. Mailing Address (26)
Suite, Apt. #, etc (22): Suite, Apt. #, etc (27)
City & State (23): City & State (28)
Zip (24): Country (25): Zip (29): Country (30)

4. FEI Number: **59-1520599** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

LEIBFRIED, KEITH C.
804 S. OHIO AVENUE
P.O. DRAWER Q
LIVE OAK FL 32060

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ _____ _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LEIBFRIED, KEITH C.		12 NAME	
STREET ADDRESS	326 WESTMORELAND		13 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MCCALLISTER, DUKE J		22 NAME	
STREET ADDRESS	301 11TH STR		23 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MOSES, PHILIP J., JR.		32 NAME	
STREET ADDRESS	1005 EVERGREEN		33 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, JOHN H.		42 NAME	
STREET ADDRESS	COR. 2ND ST.& 3RD AVE NW		43 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Keith C. Leibfried, Pres./Dir. 1.7.98 (904)362-3433