

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

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
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DOCUMENT # 440016 (4)

1. Corporation Name
SUWANNEE VALLEY SERVICE CORPORATION

Principal Place of Business 804 SOUTH OHIO AVENUE P O DRAWER Q LIVE OAK FL 32060	Mailing Address 804 SOUTH OHIO AVENUE P O DRAWER Q LIVE OAK FL 32060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/16/1973		4. Fed Number 59-1520599		Applied For Not Applicable	
5. Certificate of Status Desired ☐		6. Election Campaign Financing Trust Fund Contribution ☐		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No		58.75 Additional Fee Required		59.00 May Be Added to Fees	

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 85 Zip Code FL			
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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

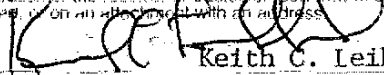
Signature typed or printed name of registered agent and title if applicable

NOTE: Registered agent signature required when reappointing

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			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.11(3)(b), 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 attached sheet with an address.

SIGNATURE:  Keith C. Leibfried, Pres./Dir. 1-7-98 (904) 362-3433

CR2034 (10/97)