

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90098 013 ***150.00

DOCUMENT # 625854

1. Entity Name

SUWANNEE LIME COMPANY



Principal Place of Business

U S HWY 27 EAST
BRANFORD FL 32008

Mailing Address

P.O. BOX 238
BRANFORD FL 32008
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1916078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATCH, RUDOLPH
REYNOLDS STREET
BRANFORD FL 32008

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HATCH, LEON D	
STREET ADDRESS	JENKINS ST	
CITY-ST-ZIP	BRANFORD, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HATCH, WALTER R	
STREET ADDRESS	O'BRIEN ST BOX 238	
CITY-ST-ZIP	BRANFORD, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HATCH, A RUDOLPH	
STREET ADDRESS	ROYNOLDS BOX 238	
CITY-ST-ZIP	BRANFORD, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hatch, Leon D. Jr.	
STREET ADDRESS	6519 Hwy. 27 South	
CITY-ST-ZIP	Branford, FL 32008	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hatch, Charles E.	
STREET ADDRESS	Hwy 247 Box 184	
CITY-ST-ZIP	Branford FL 32008	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatch, Walter R.	
STREET ADDRESS	O'Brien St. Box 238	
CITY-ST-ZIP	Branford FL 32008	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatch, Leon D.	
STREET ADDRESS	Jenkins St	
CITY-ST-ZIP	Branford FL 32008	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatch, A. Rudolph	
STREET ADDRESS	Reynolds St. Box 238	
CITY-ST-ZIP	Branford FL 32008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leon D. Hatch Jr. / *Leon D. Hatch Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/04

(386) 935-1419

Daytime Phone #