FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR -6 AM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749709 (2)

1. Corporation Name
SUWANNEE VALLEY BRANCH #220 FLEET RESERVE, INC.

Principal Place of Business	Mailing Address
408 HAWKINS ST LIVE OAK FL 32060	RT 10 BOX 337 C/O TRACY GRAFF LAKE CITY FL 32055 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1979
3a. Date of Last Report: 04/01/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CHILDRESS JR, ROBERT C
~~408 HAWKINS ST~~ 1007 SUWANNEE AVE.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAFF, TRACY U.	1.2 NAME	
STREET ADDRESS	RT 10 BOX 337	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CHILDRESS, ROBERT C., JR	2.2 NAME	
STREET ADDRESS	~~408 HAWKINS STREET~~ 1007 SUWANNEE AVE,	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	CHILDRESS, RUTH	3.2 NAME	
STREET ADDRESS	408 HAWKINS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 0	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, JAMES M.	4.2 NAME	
STREET ADDRESS	RT. 1, BOX 678	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, SHELLY	5.2 NAME	
STREET ADDRESS	RT. 7, BOX 630	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tracy U. Graff — 2/2/95 — (904) 433 0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
TRACY U. GRAFF