

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749709 (2)
1. Corporation Name
SUWANNEE VALLEY BRANCH #220 FLEET RESERVE, INC.



Principal Place of Business
**408 HAWKINS ST
LIVE OAK FL 32060**

Mailing Address
**RT 10 BOX 337
C/O TRACY GRAFF
LAKE CITY FL 32055
US**

3. Date Incorporated or Qualified
11/07/1979

3a. Date of Last Report
04/06/1995

4. FEI Number
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**CHILDRESS JR, ROBERT C
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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAFF, TRACY U.	
STREET ADDRESS	RT 10 BOX 337	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHILDRESS, ROBERT C., JR	
STREET ADDRESS	1007 SUWANNEE AVE.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CHILDRESS, RUTH	
STREET ADDRESS	408 HAWKINS STREET	
CITY-ST-ZIP	LIVE OAK, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEWMAN, JAMES M.	
STREET ADDRESS	RT. 1, BOX 678	
CITY-ST-ZIP	MCALPIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, SHELLEY	
STREET ADDRESS	RT. 7, BOX 630	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CATON EARL	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CATON EARL	
13 STREET ADDRESS	3 HORTON ST.	
14 CITY-ST-ZIP	FORT WHITE, FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/Apr/1996 904.377.4662

CR2E037 (12/95)