

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

FILED  
Jun 25 1997 8:00am  
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **805516**

(2)

1. Corporation Name  
**SUWANNEE SWIFTY STORES, INC.**



Principal Place of Business <b>PO BOX 311 QUITMAN GA 31643</b>	Mailing Address <b>PO BOX 311 QUITMAN GA 31643-0311</b>
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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		3. Date Incorporated or Qualified <b>01/01/1934</b>		3a. Date of Last Report <b>07/30/1996</b>	
21		26		4. FEI Number <b>58-0434460</b>		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MOORE, ANDREW T ROUNTREE MOORE MOTOR CO. U.S. 90 WEST LAKE CITY FL 32055</b>				10. Name and Address of New Registered Agent 81 Name <b>J. KENDRICK TUCKER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>106 E. COLLEGE AVE., STE. 900</b> 83 <b>Highpoint Center</b> 84 City <b>TALLAHASSEE</b> FL 85 Zip Code <b>32302</b>			
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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 *John Kendrick Tucker* DATE **6/12/97**  
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	CFOS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW, WALTER H		1.2 NAME	1.2 NAME			
STREET ADDRESS	400 W. LAFAYETTE ST.		1.3 STREET ADDRESS	1.3 STREET ADDRESS			
CITY-ST-ZIP	QUITMAN GA		1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	T/D/S			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADCOX, NIEL		2.2 NAME	ADCOX, NIEL			
STREET ADDRESS	2003 CROMWELL COURT		2.3 STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP	ALBANY GA		2.4 CITY-ST-ZIP	31707			
TITLE	CEOP	<input type="checkbox"/> DELETE	3.1 TITLE	CEO/P/D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, CHARLES B.		3.2 NAME	3.2 NAME			
STREET ADDRESS	KNOB HILL AVE.		3.3 STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP	VALDOSTA GA		3.4 CITY-ST-ZIP	31602			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	CFO			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	BOONE, WAYNE D.			
STREET ADDRESS			4.3 STREET ADDRESS	512 S. WASHINGTON ST.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	QUITMAN, GA 31643			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP			

14. I do 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: *Charles B. Jenkins* DATE: **6/12/97** **90-262-411**

CR2E034 (9/96)