FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G72864** **(3)**

1. Corporation Name

SUWANNEE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
937 N. OHIO AVENUE LIVE OAK FL 32060	937 N. OHIO AVENUE LIVE OAK FL 32060

3. Date Incorporated or Qualified: **11/25/1983**
3a. Date of Last Report: **01/31/1995**

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

4. FEI Number: **59-2347242** ☐ 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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLLINS, STEVEN W., CPA
325 S. OHIO AVENUE
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	VP	☐ DELETE	1.1 TITLE	V/D	☒ Change ☒ Addition
NAME	CANNON, WILLIAM T.		1.2 NAME	Charles M. Stephens	
STREET ADDRESS	RT 8 BOX 21		1.3 STREET ADDRESS	Rt. 8 Box 21	
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	STD	☐ DELETE	2.1 TITLE	P/D/C	☒ Change ☐ Addition
NAME	CANNON, WILLIAM T.		2.2 NAME	William T. Cannon	
STREET ADDRESS	ROUTE 8, BOX 21		2.3 STREET ADDRESS	6823 C.R. - 249	
CITY-ST-ZIP	LIVE OAK FL		2.4 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	PD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	COPELAND, GUY		3.2 NAME	Lisa M. Stephens	
STREET ADDRESS	ROUTE 3, BOX 352		3.3 STREET ADDRESS	Rt. 8 Box 21	
CITY-ST-ZIP	LIVE OAK FL		3.4 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE		☐ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME			4.2 NAME	Charlotte P. Cannon	
STREET ADDRESS			4.3 STREET ADDRESS	6823 C.R. - 249	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William T. Cannon William T. Cannon 2-27-96 (904) 364-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #