

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
837 N. OHIO AVENUE
LIVE OAK FL 32060

Mailing Address
837 N. OHIO AVENUE
LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2347242	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, CHARLES M.	1.2 NAME	
STREET ADDRESS	6817 CR 249	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	
TITLE	PDC	2.1 TITLE	☒ Change ☐ Addition
NAME	CANNON, WILLIAM T	2.2 NAME	
STREET ADDRESS	6817 CT 249	2.3 STREET ADDRESS	6823 C.R. 249
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, LISA M	3.2 NAME	
STREET ADDRESS	6817 CR 249	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CANNON, CHARLOTTE P	4.2 NAME	
STREET ADDRESS	6823 C.R. - 249	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (10/97)