**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

458-0950

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **G93922** **(4)**

1. Corporation Name
**SUWANNEE DATA SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| CORNER OF SISTERS WELCOME & GRANDVIEW<br>RT 10. BOX 1095A<br>LAKE CITY FL 32025<br>US | RT 18 BOX 201<br>RT 10. BOX 1095A<br>LAKE CITY FL 32055<br>US |

3. Date Incorporated or Qualified: **03/29/1984**
3a. Date of Last Report: **08/01/1995**

4. FEI Number: **59-2389966** ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Corner of Sisters Welcome + Grandview | 26 Rt. 4 Box 211 |
| Suite, Apt. #, etc.<br>22 Rt 10 Box 1095A | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Lake City, Fl. | City & State<br>28 Lake City, Fl. |
| Zip / Country<br>24 32025 / 25 U.S.A. | Zip / Country<br>29 32024 / 30 U.S.A. |

9. Name and Address of Current Registered Agent

BRYANT, JERRY W
CORNER OF SISTERS WELCOME AND GRANDVIEW
RT 10, BOX 1095A
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: Denise W. Bryant
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 4 Box 211
83
84 City: Lake City **FL** 85 Zip Code: 32024

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: Denise W. Bryant (Signature, type or print name of person signing as registered agent and title, if applicable) (Note: Registered Agent signature required when filing this form.) DATE: 8-2-96

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 11 TITLE | P | ☒ Change ☐ Addition |
| NAME | BRYANT, JERRY W | | 12 NAME | Bryant, Denise W. | |
| STREET ADDRESS | RT 10, BOX 1095A | | 13 STREET ADDRESS | Rt. 4 Box 211 | |
| CITY-ST-ZIP | LAKE CITY FL | | 14 CITY-ST-ZIP | Lake City, Fl. 32024 | |
| TITLE | | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 22 NAME | | |
| STREET ADDRESS | | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 24 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E034 (3/96)

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:** Denise W. Bryant - Denise W. Bryant 8-2-96 904-752-3072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #