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.)

758-0950

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 RT 10. BOX 1095A LAKE CITY FL 32025 US	RT 18 BOX 201 RT 10. BOX 1095A LAKE CITY FL 32055 US

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

2. Principal Place of Business
21 Corner of Sisters Welcome + Grandview
Suite, Apt #, etc.
22 Rt 10 Box 1095A
City & State
23 Lake City, Fl.
Zip 24 32025 Country 25 U.S.A.

2a. Mailing Address
26 Rt. 4 Box 211
Suite Apt #, etc.
27
City & State
28 Lake City, Fl.
Zip 29 32024 Country 30 U.S.A.

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

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 — DATE: 8-2-96
Signature, typed or printed name of registered agent and title if applicable. (A RA Registered Agent signature is required when RA is changed)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BRYANT, JERRY W	
STREET ADDRESS	RT 10, BOX 1095A	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Bryant, Denise W.	
1.3 STREET ADDRESS	Rt. 4 Box 211	
1.4 CITY-ST-ZIP	Lake City, Fl. 32024	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Denise W. Bryant - Denise W. Bryant — Date: 8-2-96 — Daytime Phone #: 904-752-3072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)