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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FILED Jan 23 1997 8:00am Secretary of State

Principal Place of Basiness Mailing Address C/O BEN DYALS U S 19 NORTH. P O BOX 537 CHIEFLAD FL 32626 SUWANNEE VALLEY HOMES, INC. Mailing Address C/O BEN DYALS U S 19 NORTH. P O BOX 537 CHIEFLAD FL 326440537								
					3. Date Incorporated or Qualified		te of Last Re	eport
2 Principal P	sace of Business	2a. Mailing Address			09/03/1986 4. FEI Number	02/	01/1996	plied For
21	MICO O ENGLISHED	26			59-2714827		<u>}</u>	t Applicable
Suite Apt.	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22		27	·		5. Certificate of Status Desired		Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	
23 Zip	Country	7 _(P)	Country		Trust Fund Contribution		Added to	
24	25	29	30		This corporation has liability for Florida Statutes	intangible Yes x		199.032,
24	9. Name and Address of Cu		1301	·	10. Name and Address of New R			
BUI	LLARD, J. WARREN		81	Name				
	SE 40TH AVE.		82	Street Addr	ress (P.O. Box Number is Not Accepta	hle)		
	ALA FL 32670			oliobi ziogi	oss (F.o. Box Hamber is Not Accepte			
			83					
			84	City			85 Zip C	Code
[poration submits this statement for the	FL		
SIGNATURE 12. THE	Signatur , typed or jest transmer of transfers OFFICERS	Lagertano de la agracable INC AND DERECTORS DELETE	113.	signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR Change	IS IN 12
NAME	DYALS, BEN LLOYD	Eug Vittin	12 NAME					
STREET ADDRESS	RT. 2 BOX 2239		1.3 STREET AC	DDRESS				
Crty-ST-7IP	BELL FL		1.4 CITY - S1 -	ZIP	·			
TITLE	S	DEFETE	2.1 TITLE				Change	Addition
NAME:	DYALS, LINDA M		2.2 NAME					
STREET ADDRESS	RT 2 BOX 2239 N/A		2 3 STREET AC	DORESS				
COLVEST ZIE	BELL FL	- Trong	2 4 CHY- ST-	- ZIP		,	Change	T & deline
TITLE NAME	V Dyals, Elena M	☐ DELETE	3 1 TITLE 3 2 NAME		,		L Change	Addition
STREET ADDRESS	RT 2 BOX 2239 N/A		3.3 STREET AL	nnesee			•	
CITY -ST 759	BELL FL		34 CITY-ST-	ì				
HILF		DELETE	4.1 TITLE	E-11			Change	Addition
NAME			4. 2 NAME				-	
STREET ADDRESS			4.3 STREET AL	DORESS				
CITY-S1-20F			4.4 CITY - ST -	ZIP				
TIFLE		DELETE	5.1 1 IT LE	7			Change	Addition
NAME			5.2 NAME					
STREE: ADDRESS			5.3 STREET AL	DDRESS				
CITY - S1 - ZIP		T week	5.4 CHY-\$1-	ZıF			T T 05	
TUTE		DECETE	6.1 TiTLE				Change	Addition
NAME Mora e Militare C			6.2 NAME	D 30500				
STREET ADDRESS			6.3 STREET AL	I .				
CITY - S1 - ZIP			6.4 CITY - ST-	ZIP				

14. The hereby cert by 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 Brock 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

Ben Dyals, Pres.

1/10/97

352 493-0227