

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

FILED

Apr 13 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 # J31911

(7)

1. Corporation Name

SUWANNEE VALLEY HOMES, INC.

Principal Place of Business

Mailing Address

C/O BEN DYALS  
U S 19 NORTH, P O BOX 537  
CHIEFLAND FL 32626

C/O BEN DYALS  
U S 19 NORTH, P O BOX 537  
CHIEFLAND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1986

4. FEI Number

59-2714827

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 14572 NW Hwy 19

Suite, Apt. #, etc.

22

City & State

23 Chiefland, FL

Zip

24 32626

Country

25 Levy

2a. Mailing Address

26 P.O. Box 537

Suite, Apt. #, etc.

27

City & State

28 Chiefland, FL

Zip

29 32644

Country

30 Levy

9. Name and Address of Current Registered Agent

BULLARD, J. WARREN  
631 SE 40TH AVE.  
OCALA FL 32670

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

OFFICERS AND DIRECTORS

12. TITLE

NAME PDT  
DYALS, BEN LLOYD  
STREET ADDRESS RT. 2 BOX 2239  
CITY-ST-ZIP BELL FL

TITLE

NAME S  
DYALS, LINDA M  
STREET ADDRESS RT 2 BOX 2239 N/A  
CITY-ST-ZIP BELL FL

TITLE

NAME V  
DYALS, ELENA M  
STREET ADDRESS RT 2 BOX 2239 N/A  
CITY-ST-ZIP BELL FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

*Ben Dyals* BEN DYALS

April 7, 1998

(352) 493-0227

CR2E034 (10/97)