

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 09

DOCUMENT # **M71323** (3)

1. Corporation Name  
**SUWANNEE VALLEY TITLE SERVICES, INC.**

Principal Place of Business Mailing Address  
**% JOHN H. PARKER, III**  
**120 EAST HOWARD STREET, P O BOX 980**  
**LIVE OAK FL 32060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/09/1988** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **59-2885097** 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. 199.05, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 **120 EAST HOWARD STREET** 26 **P. O. BOX 1563**  
Suite, Apt. #, etc Suite, Apt. #, etc  
22 City & State 27 City & State  
23 **LIVE OAK, FLORIDA** 28 **LIVE OAK, FLORIDA**  
Zip 29 Zip  
24 **32060** 25 **USA** 30 **32060** 31 **USA**

9. Name and Address of Current Registered Agent  
**PARKER, JOHN H., III**  
**120 EAST HOWARD STREET**  
**LIVE OAK FL 32060**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 **74** 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 must be printed name of registered agent and then I, Agent

| 12. OFFICERS AND DIRECTORS                    |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |                                                                   |
|-----------------------------------------------|-----------------------|-------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME<br><b>PARKER, JOHN H., III</b>        | 1.1 TITLE<br><b>D</b> | 1.1 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS<br><b>120 E. HOWARD ST.</b> | 2.1 STREET ADDRESS    | 2.1 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. CITY, ST, ZIP<br><b>LIVE OAK FL</b>        | 3.1 CITY, ST, ZIP     | 3.1 STREET ADDRESS                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME                                       | 4.1 TITLE             | 4.1 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS                             | 5.1 STREET ADDRESS    | 5.1 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. CITY, ST, ZIP                              | 6.1 CITY, ST, ZIP     | 6.1 STREET ADDRESS                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME                                       | 7.1 TITLE             | 7.1 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS                             | 8.1 STREET ADDRESS    | 8.1 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. CITY, ST, ZIP                              | 9.1 CITY, ST, ZIP     | 9.1 STREET ADDRESS                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                                      | 10.1 TITLE            | 10.1 NAME                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. STREET ADDRESS                            | 11.1 STREET ADDRESS   | 11.1 NAME                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. CITY, ST, ZIP                             | 12.1 CITY, ST, ZIP    | 12.1 STREET ADDRESS                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 199.05, 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. I am an officer or director of this corporation or the owner 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN H. PARKER, III - President**

2/20/95 504-262-5365