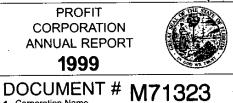
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 26, 1999 8:00 am Secretary of State **Katherine Harris**

01-26-1999 90043 011 ***150.00

SUWANN	nee valley title servi	CES, INC.						
Principal Plac	e of Business	Mailing Address			- I 160 Da il III IBADI IIADD 11 IIA	140 1141 01914 01	1861 6 1811 8181	BIĞİL GLAH LEBI
120 EAST HOWARD STREET P O BOX 1563					·			
LIVE OAK FL 32060 LIVE OAK FL 32064					DO NOT WE	TE IN TUIC	CDACE	
US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					03/09/1988			٠.
2. Principal Place of Business 2a. Mailing Address			<u> </u>		4. FEI Number			pplied For
					59-2885097		 	ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional		
	т, осо.	27	¬ ' '		5. Certifcate of Status Desired			lequired
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution	[]	•	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Int	angible	
24	25	29 30			Personal Property Tax.		☐Yes	X No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered	Agent	-
	KER, JOHN H., III	•	81	Name	·			
PAR 120		82	Street Addr	ess (P.O. Box Number is Not Accept	able)	•••		
LIVE	OAK FL 32060		83					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered			t signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	ID DIRECT	ODS IN 12
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FICERS AI	Change	
TITLE	D DADYED JOHN H. III	Defete	1.1 NAME					
NAME	PARKER, JOHN H., III		1.2 NAME 1.3 STREET	ADDDEDE	_			
STREET ADDRESS	·+ · · · · · · · ·				·			
CITY-ST-ZIP TITLE	LIVE OAK FL	☐ DELETE	1.4 CITY-S' 2.1 TITLE	1-4IP			[] Change	Addition
			2.2 NAME					_
NAME STREET ADDRESS			2.3 STREET	ADDRESS				
	'[2. 4 CITY-5	1				·
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE			-	☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS	s) .		3.3 STREE	ADDRESS	, , , ,			
CITY-ST-ZIP			3.4. CITY- 9		· .			
TITLE		☐ DELETE	4.1 TITLE			• • •	. Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	3		4.3 STREE	ADDRESS				i
CITY-ST-ZIP			4.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	_
NAME			5.2 NAME			-	30.00	```
STREET ADDRESS	3	;		1 ADDRESS				,
CITY-ST-ZIP			5.4 CITY-S	T-ZIP .				·
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME	,		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP						
	5							

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, with all other like empowered.

SIGNATURE: