

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90007 005 ****61.25

DOCUMENT # N01000008962

4. Entity Name

SUWANNEE VALLEY DET. 1086 INC.



Principal Place of Business

732 SUWANNEE AVE SW
LIVE OAK FL 32064-3135

Mailing Address

732 SUWANNEE AVE SW
LIVE OAK FL 32064-3135

54032118



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

4961 256th ST

4961 256th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

O'BRIEN, FL

City & State

O'BRIEN, FL

Zip

Country

32071-4434

Zip

Country

32071-4434

4. FEI Number

59-3726165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKOW, HOWARD E
732 SUWANNEE AVE SW
LIVE OAK FL 32064-3135

7. Name and Address of New Registered Agent

Name

JOHN R. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

4961 256th ST

City

O'BRIEN

FL

Zip Code

32071-4434

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John R. Taylor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> Delete
NAME	MEYER, JOHN L	
STREET ADDRESS	5137 256TH ST	
CITY-ST-ZIP	O'BRIEN FL 32071-4435	

TITLE	TA	<input type="checkbox"/> Delete
NAME	SKOW, HOWARD E	
STREET ADDRESS	732 SUWANNEE AVE SW	
CITY-ST-ZIP	LIVE OAK FL 32064-3135	

TITLE	SRVT	<input type="checkbox"/> Delete
NAME	PARKER, JOHN	
STREET ADDRESS	RR 20 BOX 624	
CITY-ST-ZIP	LAKE CITY FL 32055-9085	

TITLE	JRVT	<input type="checkbox"/> Delete
NAME	EDGER, ROBERT	
STREET ADDRESS	RR 14 BOX 747	
CITY-ST-ZIP	LAKE CITY FL 32024-0747	

TITLE	JA	<input type="checkbox"/> Delete
NAME	RUSSELL, WALTER E	
STREET ADDRESS	RT 15 BOX 1208-8	
CITY-ST-ZIP	LAKE CITY FL 32024-1208	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDY, R. DALE	
STREET ADDRESS	16418 221ST RD.	
CITY-ST-ZIP	LIVE OAK, FL. 32060-4629	

TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOHN R.	
STREET ADDRESS	4961 256 th ST.	
CITY-ST-ZIP	O'BRIEN, FL 32071-4434	

TITLE	SRV/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, JOHN W.	
STREET ADDRESS	356 NW HOLIDAY INN DR CT.	
CITY-ST-ZIP	LAKE CITY, FL 32055-4851	

TITLE	JRV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, JOHN	
STREET ADDRESS	RT 14 BOX 14315	
CITY-ST-ZIP	LAKE CITY, FL 32024-9603	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04 (386)935-3287

Date

Daytime Phone #