# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37384** **(7)**

1. Corporation Name

**SUWANEE REAL ESTATE ORGANIZATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1815 W HOARD ST<br>LIVE OAK FL 32060<br>US | 1815 W HOWARD ST<br>LIVE OAK FL 32060<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1990**
3a. Date of Last Report: **02/02/1994**
4. FEI Number: **59-3144131** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

RANKIN MARY P
1815 W HOWARD ST
LIVE OAK FL 32060

**10. Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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, type or printed name of registered agent, and title if applicable) (NEW Registered Agent signature required for reinstatement) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SPILATORE, CAROLYN | 12 NAME | |
| STREET ADDRESS | 122 EAST HOWARD ST. | 13 STREET ADDRESS | |
| CITY ST ZIP | LIVE OAK FL | 14 CITY ST ZIP | |
| TITLE | DST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | RANKIN, MARY P. | 22 NAME | |
| STREET ADDRESS | 1815 W. HOWARD ST | 23 STREET ADDRESS | |
| CITY ST ZIP | LIVE OAK FL | 24 CITY ST ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CORRIGAN, SHARON L. | 32 NAME | |
| STREET ADDRESS | 119 S OHIO AVE | 33 STREET ADDRESS | |
| CITY ST ZIP | LIVE OAK FL | 34 CITY ST ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | LEGGETT, VIVIAN | 42 NAME | |
| STREET ADDRESS | 302 N. OHIO AVE. | 43 STREET ADDRESS | |
| CITY ST ZIP | LIVE OAK FL | 44 CITY ST ZIP | |
| TITLE | P | 51 TITLE | ☐ Change ☐ Addition |
| NAME | MEEKS, CHARLES | 52 NAME | |
| STREET ADDRESS | 122 EAST HOWARD ST | 53 STREET ADDRESS | |
| CITY ST ZIP | LIVE OAK FL | 54 CITY ST ZIP | |
| TITLE | D | 61 TITLE | President ☑ Change ☐ Addition |
| NAME | O'CONNOR, BILL | 62 NAME | Hunter, Arnold L. |
| STREET ADDRESS | 302 N. OHIO AVE. | 63 STREET ADDRESS | 1003 W. Howard St. |
| CITY ST ZIP | LIVE OAK FL | 64 CITY ST ZIP | Live Oak, Fla. 32060 |

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

**SIGNATURE:** Arnold L. Hunter, President 4-28-95 904-362-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002303