

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37384 (7)

1. Corporation Name

SUWANEE REAL ESTATE ORGANIZATION, INC.



Principal Place of Business

Mailing Address

1815 W HOARD ST
LIVE OAK FL 32060
US

1815 W HOWARD ST
LIVE OAK FL 32060
US

3. Date Incorporated or Qualified
04/02/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANKIN MARY P
1815 W HOWARD ST
LIVE OAK FL 32060

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SPILATORE, CAROLYN
STREET ADDRESS 122 EAST HOWARD ST.
CITY - ST - ZIP LIVE OAK FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME MARY LEE
1.3 STREET ADDRESS 302 N. OHIO AVE.
1.4 CITY - ST - ZIP LIVE OAK, FL. 32060

TITLE DST ☒ DELETE
NAME RANKIN, MARY P.
STREET ADDRESS 1815 W. HOWARD ST
CITY - ST - ZIP LIVE OAK FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME J. T. RANKIN
2.3 STREET ADDRESS 1815 W. HOWARD ST.
2.4 CITY - ST - ZIP LIVE OAK, FL. 32060

TITLE D ☒ DELETE
NAME CORRIGAN, SHARON L.
STREET ADDRESS 119 S OHIO AVE
CITY - ST - ZIP LIVE OAK FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME RANKIN, MARY P.
3.3 STREET ADDRESS 1815 W. HOWARD ST.
3.4 CITY - ST - ZIP LIVE OAK, FL. 32060

TITLE D ☐ DELETE
NAME LEGGETT, VIVIAN
STREET ADDRESS 302 N. OHIO AVE.
CITY - ST - ZIP LIVE OAK FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE P ☒ DELETE
NAME MEEKS, CHARLES
STREET ADDRESS 122 EAST HOWARD ST
CITY - ST - ZIP LIVE OAK FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE P ☐ DELETE
NAME HUNTER, ARNOLD
STREET ADDRESS 1003 W. HOWARD STREET
CITY - ST - ZIP LIVE OAK FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)