

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37384 (7)
1. Corporation Name
SUWANEE REAL ESTATE ORGANIZATION, INC.

Principal Place of Business 1815 W HOARD ST LIVE OAK FL 32060 US	Mailing Address 1815 W HOWARD ST LIVE OAK FL 32060 US
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3. Date Incorporated or Qualified 04/02/1990	Applied For Not Applicable
4. FEI Number 59-3144131	
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILORE, CAROLYN	1.2 NAME	
STREET ADDRESS	122 EAST HOWARD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKIN, JOCK	2.2 NAME	RANKIN, JOCK
STREET ADDRESS	1815 W HOWARD ST	2.3 STREET ADDRESS	1815 West Howard St
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	Live Oak, FL 32060
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRIGAN, SHARON L.	3.2 NAME	
STREET ADDRESS	119 S OHIO AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEGGETT, VIVIAN	4.2 NAME	LEGGETT, VIVIAN
STREET ADDRESS	302 N. OHIO AVE.	4.3 STREET ADDRESS	302 N. Ohio Avenue
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	Live Oak, FL 32060
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLAND, WYMAN	5.2 NAME	S MARIE LEE
STREET ADDRESS	119 S OHIO AVE	5.3 STREET ADDRESS	302 N. Ohio Avenue
CITY-ST-ZIP	LIVE OAK FL	5.4 CITY-ST-ZIP	Live Oak, FL 32060
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, ARNOLD	6.2 NAME	P JOYCE MILLER
STREET ADDRESS	1003 W. HOWARD STREET	6.3 STREET ADDRESS	Rt 1 Box 133
CITY-ST-ZIP	LIVE OAK FL	6.4 CITY-ST-ZIP	Jasper, FL 32052

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

SIGNATURE: **MARY P. RANKIN (Signing Officer)** *Mary P. Rankin* 03-25-98 (904)362-7080

CFR2037 (1097)