

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90018 006 \*\*\*\*61.25



NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N37384** ✓

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

\* 5 8 5 3 8 \*  
 585380 - 90018 - 6



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		04/02/1990	
2. City & State		27. City & State		4. FEI Number	
3. Zip		28. Zip		59-3144131	
Country		Country		Applied For	
25.		29.		30.	
29.		30.		Not Applicable	
29.		30.		5. Certificate of Status Desired <input type="checkbox"/>	
29.		30.		\$8.75 Additional Fee Required	
29.		30.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29.		30.		\$5.00 May Be Added to Fees	

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			

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 Mary P. Rankin DATE 07-06-99  
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 checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPILATORE, CAROLYN			1.2 NAME	Mary P. Rankin		
STREET ADDRESS	122 EAST HOWARD ST.			1.3 STREET ADDRESS	1815 West Howard Street		
CITY-ST-ZIP	LIVE OAK FL			1.4 CITY-ST-ZIP	Live Oak, FL 32060		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANKIN, JOCK			2.2 NAME			
STREET ADDRESS	1615 W HOWARD ST-			2.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORRIGAN, SHARON L.			3.2 NAME	Denise Knight		
STREET ADDRESS	119 S OHIO AVE			3.3 STREET ADDRESS	1815 W. Howard St.		
CITY-ST-ZIP	LIVE OAK FL			3.4 CITY-ST-ZIP	Live Oak, FL 32060		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEGGETT, VIVIAN			4.2 NAME			
STREET ADDRESS	302 N. OHIO AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			4.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, MARIE			5.2 NAME	Sharon Brantley		
STREET ADDRESS	302 N OHIO AVE			5.3 STREET ADDRESS	1815 W. Howard Street		
CITY-ST-ZIP	LIVE OAK FL 32060			5.4 CITY-ST-ZIP	Live Oak, FL 32060		
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, JOYCE			6.2 NAME			
STREET ADDRESS	RT 1 BOX 133			6.3 STREET ADDRESS			
CITY-ST-ZIP	JASPER FL 32052			6.4 CITY-ST-ZIP			

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: MARY P. RANKIN DATE 07-06-99 (904) 362-7080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/99)