

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.**

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



Principal Place of Business  
 1815 W HOARD ST  
 LIVE OAK FL 32060  
 US

Mailing Address  
 1815 W HOWARD ST  
 LIVE OAK FL 32060  
 US

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

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 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	1815 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)