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 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006040 (9)**

1. Corporation Name

CARS OF SUWANNEE VALLEY, INC.

Principal Place of Business	Mailing Address
1215 S.W. 7TH STREET LIVE OAK FL 32060	1215 S.W. 7TH STREET LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report:
4. FEI Number: 65-0523686 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHARLTON, LEE A
1215 S.W. 7TH STREET
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 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 _____ 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	TD	11 TITLE	D ☐ Change ☒ Addition
NAME	ROBERTS, WILLIAM P	12 NAME	REV. MUN W. CAULEY, SR
STREET ADDRESS	1332 GOODWIN STREET	13 STREET ADDRESS	PO BOX 1278
CITY ST ZIP	LIVE OAK FL 32060	14 CITY ST ZIP	BRANFORD, FL 32008
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CHARLTON, LEE A	22 NAME	
STREET ADDRESS	1215 S.W. 7TH STREET	23 STREET ADDRESS	
CITY ST ZIP	LIVE OAK FL 32060	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	TULL, MARY L	32 NAME	
STREET ADDRESS	RT 6 BOX 814A	33 STREET ADDRESS	
CITY ST ZIP	LIVE OAK FL 32060	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CONE, VIRGIE	42 NAME	
STREET ADDRESS	P.O. BOX 1338	43 STREET ADDRESS	
CITY ST ZIP	JASPER FL 32052	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOWELL, AUDREY	52 NAME	
STREET ADDRESS	RT 2 BOX 3881	53 STREET ADDRESS	
CITY ST ZIP	O'BRIEN FL 32071	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TALBOTT, ALEXIS	62 NAME	
STREET ADDRESS	P.O. BOX 858	63 STREET ADDRESS	
CITY ST ZIP	BRANFORD FL 32008	64 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: Lee Ann Charlton 5-1-95 904-362-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002314