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 # 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~~ P.O. Box 70 1171 Nobles Ferry Rd Live Oak Fl 32060	~~1215 S.W. 7TH STREET~~ ~~LIVE OAK FL 32060~~ same

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 70	26 P.O. Box 70
22 Suite, Apt. #, etc. 1171 NOBLES FERRY RD.	27 Suite, Apt. #, etc. 1171 NOBLES FERRY RD.
23 City & State LIVE OAK FL.	28 City & State LIVE OAK, FL
24 Zip 32060 / 25 Country	29 Zip 32060 / 30 Country

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0523686 ☐ 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
~~CHARLTON, LEE A~~ ~~1215 S.W. 7TH STREET~~ ~~LIVE OAK FL 32060~~ SYLVIA ISAAC P.O. Box 70 LIVE OAK, FL 32060	81 Name SYLVIA ISAAC 82 Street Address (P.O. Box Number is Not Acceptable) 1171 NOBLES FERRY RD. 83 84 City LIVE OAK **FL** 85 Zip Code 32060

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: Sylvia Isaac — DATE: 4-15-96
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	☑ DELETE	1.1 TITLE	PRES.	☐ Change ☑ Addition
NAME	REV. MUN W. CAULEY, SR		1.2 NAME	BILL McMILLAN	
STREET ADDRESS	P.O. BOX 1278		1.3 STREET ADDRESS	R# 3 BOX 78	N/A
CITY-ST-ZIP	BRADFORD FL		1.4 CITY-ST-ZIP	MAYO, FL 32066	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHARLTON, LEE A		2.2 NAME		
STREET ADDRESS	1215 S.W. 7TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32060		2.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	3.1 TITLE	~~VP REC.~~ CARLTON BLACK	☐ Change ☑ Addition
NAME	TULL, MARY L		3.2 NAME		
STREET ADDRESS	RT 6 BOX 814A		3.3 STREET ADDRESS	R#3 BOX 318	N/A
CITY-ST-ZIP	LIVE OAK FL 32060		3.4 CITY-ST-ZIP	MAYO, FL. 32066	
TITLE	D	☐ DELETE	4.1 TITLE	BOARD MEMBER	☐ Change ☐ Addition
NAME	CONE, VIRGIE		4.2 NAME	VIRGIE CONE	
STREET ADDRESS	P.O. BOX 1338		4.3 STREET ADDRESS	P.O. BOX 1338	N/A
CITY-ST-ZIP	JASPER FL 32052		4.4 CITY-ST-ZIP	JASPER, FL 32052	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, AUDREY		5.2 NAME		
STREET ADDRESS	RT 2 BOX 3881		5.3 STREET ADDRESS		
CITY-ST-ZIP	O'BRIEN FL 32071		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	900001886068	☐ Change ☐ Addition
NAME	TALBOTT, ALEXIS		6.2 NAME	-07/08/96--01040--001	
STREET ADDRESS	P.O. BOX 858		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	BRANFORD FL 32008		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: Sylvia Isaac — Audrey Howell — 4/15/96 — 5/10/96 — (904) 362-3776 — CS 7/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)