

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000056438 (3)**

1. Corporation Name

**SUWANNEE MATERIAL CARRIERS, INC.**

Principal Place of Business

**HWY 49-260TH PLACE  
BRANFORD FL 32008  
US**

Mailing Address

**P.O. BOX 1  
BRANFORD FL 32008-0001**



3. Date Incorporated or Qualified

**08/09/1993**

3a. Date of Last Report

**04/30/1996**

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip**

**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**30 Country**

4. FEI Number

**59-3187757**

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

**PERRY, JO ANNE T  
ROUTE 6 BOX 435-A  
LAKE CITY FL 32025**

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

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE: PSD** ☐ DELETE  
**NAME: PERRY, JO ANNE T**  
**STREET ADDRESS: RT. 6 BOX 435-A**  
**CITY- ST- ZIP: LAKE CITY FL**

**TITLE: VTD** ☐ DELETE  
**NAME: PERRY, LARRY E JR**  
**STREET ADDRESS: RT 6 BOX 436-A**  
**CITY- ST- ZIP: LAKE CITY FL**

**TITLE:** ☐ DELETE  
**NAME:**  
**STREET ADDRESS:**  
**CITY- ST- ZIP:**

**TITLE:** ☐ DELETE  
**NAME:**  
**STREET ADDRESS:**  
**CITY- ST- ZIP:**

**TITLE:** ☐ DELETE  
**NAME:**  
**STREET ADDRESS:**  
**CITY- ST- ZIP:**

**TITLE:** ☐ DELETE  
**NAME:**  
**STREET ADDRESS:**  
**CITY- ST- ZIP:**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY- ST- ZIP:** **32025**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY- ST- ZIP:** **32025**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY- ST- ZIP:**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY- ST- ZIP:**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY- ST- ZIP:**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY- ST- ZIP:**

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-97** **904-935-1555**  
Date Daytime Phone #

0018292

CR2E034 (9/96)