FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S09059 (4)

1. Corporation Name
SUWANNEE TRUSS COMPANY

Principal Place of Business	Mailing Address
BAYA E 90 LAKE CITY FL 32056 US	PO BOX 2987 LAKE CITY FL 32056 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1990	3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-3090264	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JONES, JIMMY G.
~~2591 SCOUTRIDGE CT~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name: JIMMY G. JONES
82 Street Address (P.O. Box Number is Not Acceptable): 2569 INGLEWOOD DR
83
84 City: LAKE CITY FL 85 Zip Code: 32025

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: Jimmy G Jones — JIMMY G. JONES — 4/17/95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	JONES, JIMMY G.	1.2 NAME	
STREET ADDRESS	~~2591 SCOUT RIDGE COURT~~	1.3 STREET ADDRESS	2569 INGLEWOOD DR
CITY-ST-ZIP	~~ORANGE PARK FL~~	1.4 CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	SEC/TREAS D.	2.1 TITLE	Sec/Treas D ☒ Change ☐ Addition
NAME	ELLEN D. JONES	2.2 NAME	Ellen D. Jones
STREET ADDRESS	2569 INGLEWOOD DR	2.3 STREET ADDRESS	2569 Inglewood DR
CITY-ST-ZIP	LAKE CITY, FL 32025	2.4 CITY-ST-ZIP	Lake City, FL 32025
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jimmy G Jones — JIMMY G. JONES — 4/17/95 — 904-755-6874
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0401371 FP