

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

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PROFIT CORPORATION ANNUAL REPORT 1998



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

98 JUL 31 PM 2:29

DOCUMENT # **F50253 (6)**
1. Corporation Name
SADDLEWOOD OF SUWANNEE COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: P.O. DRAWER K, LIVE OAK FL 32060
Mailing Address: P.O. DRAWER K, LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1981	
21	22	26	27	4. FEI Number 59-2140944	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
32064		32064			

9. Name and Address of Current Registered Agent MOTT, JACK 1346 WEST HOWARD 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	
				85 Zip Code	
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, JACK	1.2 NAME	200002608722--9
STREET ADDRESS	1346 WEST HOWARD STREET	1.3 STREET ADDRESS	-08/05/98--01123--005
CITY-ST-ZIP	LIVE OAK FL 32060	1.4 CITY-ST-ZIP	***:150.00 ***:150.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

Jack Mott

CR2E034 (10/97)

7-21-98

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BUICK

Mott Buick Company, Inc.

Drawer K Telephone 362-1022

LIVE OAK, FLORIDA 32064

July 29, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Trevor Brumbley

RE: Saddlewood of Suwannee County, Inc.
FEI Number 59-2140944
Document# F50253

Per our telephone conversation of this date, I am returning to you the documentation I have received back on the above referenced corporation. As I stated to you in our telephone conversation, we did not received the 1st notice for the Profit Corporation Annual Report, therefore, we attempted to duplicate the return in order to have it filed on time. Unfortunately, we did not have the FEI Number, and it was returned for this information. By the time we received the original notice back, we had received our 2nd notice (which is the only notice we have received for the Profit Corporation Annual Report) and attached the documentation to it and resubmitted. Somehow, it appears, that our corporation was getting mixed up with another corporation (Saddlewood, Inc.) and everything has gone crazy every since. It was our sincere attempt to file this corporate annual report on time, and per our agreement, you were going to waive the late charges and help me to get the correct corporate annual report filed.

If you should have any questions, or need any further information, please do not hesitate to contact me.

Sincerely

Jack Mott
Registered Agent

