FILED Apr 15, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

•	999 DIVISION OF CORPORATIONS					04-15-1999 90046 038 ***150.00						
DOCUN 1. Corporation	MENT # 847683											
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Principal Place	of Business	Mailing Address			-	1 100101	18111 81811 1	<b>8010 B</b> il <b>o</b> l II		<b>ili il dir</b> ik atau i	DIOCE BIBIL CON	
2 E BRYAN ST 2 E BRYAN ST												
SAVANNAH GA 31401-7339 SAVANNAH GA 31401-7339				DO NOT WRITE IN THIS SPACE								
					3.	Date Incor	porated o	r Qualifed				
						12/11/19	980					
Principal Place of Business     2a. Mailing Address					i i	FEI Numbe	-			<del>                                    </del>	oplied For	
21		26				<u>59-2042</u>	<u>699</u>				ot Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of	of Status	Desired	🗆		Additional equired	
City & State		City & State			6	Election Ca	ampaign I	Financing			May Be	
23	•	28			"	Trust Fund		-		•	to Fees	
Zip	Country	Zip	Cour	try	8.	This corpo	ration ow	es the cur	rent year In	tangible	_	
24	25 29 30					Personal Property Tax. Ye  10. Name and Address of New Registered Agent					□No	
	9. Name and Address of Curre	ent Registered Agent		81 Name		Name and	Address	of New	Kegisterea	Agent		
CT C	ORPORATION SYSTEM											
1200		B2 Street	Address (P	.O. Box Nu	mber is N	lot Accept	able)					
PLAN	F	83				-		_				
				Od City				<del></del>		85 Zip	Code	
		84 City					FL	_				
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statut	es, the ab	ove-named	corporation	submits th	is statem	ent for the	purpose of	f changing its	s registered egistered	
office of re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statu	tes.	JOI AUDIT S DO	gra or anec		icby acce	pt inc appo		g.515151	
SIGNATURE			-			-1			DATE			
12.	Signature, typed or printed name of registered as	ND DIRECTORS	13.	deur signature	nedw beniupen re	ADDITIONS	S/CHANG	ES TO O		ND DIRECTO	ORS IN 12	
TITLE	SVPS									Change	☐ Addition	
NAME	WILLIAM T SCHWER		1.2 NA	ME.	Will	IAM	F-	Scr	IWER			
STREET ADDRESS	8016 HWY 90A		1.3 \$11	EET ADDRESS	5		=				1	
CITY+ST-ZIP				Y-ST-ZIP							☐ Addition	
TITLE	VPD	VPD □ DELETE 2.1 TI								☐ Change	☐ Addition	
NAME	OXNARD, JR, B A		2.2 NAJ									
STREET ADDRESS	2 E BRYAN ST		1	REET ADDRESS	5							
CITY-ST-ZIP TITLE			3.1 TIT	Y-§T-ZIP .E	<del>                                     </del>					Change	☐ Addition	
NAME	KELLEY, JAMES M.		3.2 NA		1							
STREET ADDRESS	2 E BRYAN ST		3.3 STF	EET ADDRESS	3							
CITY-ST-ZIP	SAVANNAH GA 31401-7339		3.4. CF	Y-5 <u>T-ZIP</u>								
TITLE	D	☐ DELETE	4.1 TIT	Æ						☐ Change	Addition	
NAME	DAVID ROCHE		4. 2 NA									
STREET ADDRESS	2 E BRYAN ST			REET ADDRESS	S						1	
CITY-ST-ZIP	SAVANNAH GA 31401	DELETE	_	Y-ST-ZIP						☐ Change	Addition	
TITLE	D WW CDDACHE III	C Defeit	5.1 TIT 5.2 NA									
NAME STREET ADDRESS	W.W. SPRAGUE III 2 E BRYAN ST			 REET ADDRESS	s							
CITY-ST-ZIP	SAVANNAH GA 31401			Y-ST-ZIP								
TITLE		☐ DELETE	6.1 TiT	Æ	A35157	T. Sec	RETA	RY		Change	Addition	
NAME			6.2 NA		Roy (	L. COR	: DES,	JL.			\$	
STREET ADDRESS			6.3 STI	REET ADDRESS	8016	Itwy 9	o A				}	

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 certify that the information stated 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 exert 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 exclusion 13 if changed, or on an attachment with an address, with all other like empowered.

S. IATURE:

CITY-ST-ZIP

CORDES, JR