## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 19, 2004 8:00 am **DOCUMENT # F96000002813 Secretary of State** 1. Entity Name 03-19-2004 90030 019 \*\*\*150.00 SAVANNAH FOODS INDUSTRIAL, INC. Mailing Address Principal Place of Business 3000 TREMONT RD. POBOX 9 SUGAR LAND TX 77487 SAVANNAH GA 31412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 58-2181649 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tm e ☐ Change ☐ Addition MLE ☐ Delete SCHWER, WILLIAM F. NAME NAME 8016 ⊬W♥ 90 A STREET ADDRESS STREET ADDRESS SUGAR LAND TX 77478 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CORDES, ROY L NAME NAME STREET ADDRESS STREET ADDRESS 8016 HWY 90 A CITY-ST-ZIP CITY-ST-ZIP SUGAR LAND TX 77478 Change Addition ☐ Delete TITLE VΡ riamé MECHIER, H.P. STREET ADDRESS 8016 HWY 90A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUGAR LAND TX 77478 ☐ Change Delete ☐ Addition TITLE TITLE STORY, ERIC J NAME NAME STREET ADDRESS 8016 HWY 90 A STREET ADDRESS SUGAR LAND TX 77478 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY L. CORDES. JR. Secretary

☐ Change

Addition

**FILED**