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Apr 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000005514

1. Corporation Name
SAVANNAH MOLASSES & SPECIALTIES COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2 EAST BRYAN ST.
 SAVANNAH GA 31402**

Mailing Address
**2 EAST BRYAN ST.
 SAVANNAH GA 31402**

3. Date incorporated or Qualified
10/02/1998

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

4. FEI Number
58-2161437

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAGUE III, W W	1.2 NAME	
STREET ADDRESS	2 EAST BRYAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWER, WILLIAM F	2.2 NAME	
STREET ADDRESS	8016 HWY 90A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR LAND TX	2.4 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, J E	3.2 NAME	
STREET ADDRESS	2 EAST BRYAN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, KAREN L	4.2 NAME	
STREET ADDRESS	8016 HWY 90A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR LAND TX	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDES JR, ROY L	5.2 NAME	
STREET ADDRESS	8016 HWY 90A	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR LAND TX	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, DAVID H	6.2 NAME	
STREET ADDRESS	2 EAST BRYAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	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, with all other like empowered.

SIGNATURE: *Roy L. Cordes, Jr* **ROY L. CORDES, JR** 4/6/99 (281) 490 9527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSIST. SECRETARY Date Daytime Phone #

CR2E034 (1/98)