

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

**PROFIT CORPORATION ANNUAL REPORT 1999**

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



**DOCUMENT # P94000073707**

1. Corporation Name

**SAN NATHAN ENTERPRISES, INC.**

Principal Place of Business

RT. 1 BOX 71  
QUINCY FL 32351  
US

Mailing Address

RT. 1 BOX 71  
QUINCY FL 32351  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

P.O. Box 965

Suite, Apt. #, etc.

City & State

Gretna, FL

Zip

29 32332

Country

30 USA

9. Name and Address of Current Registered Agent

**HENDERSON, SHARON R**  
**ONE INDEPENDENT DR., SUITE 3000**  
**JACKSONVILLE FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	11. TITLE	DELETE
NAME	JOHNSON, MARGIE	12. NAME	
STREET ADDRESS	RT. 1, BOX 71	13. STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	14. CITY-ST-ZIP	
TITLE	VTSD	21. TITLE	DELETE
NAME	JOHNSON, SANDRA	22. NAME	
STREET ADDRESS	ROUTE 1, BOX 71	23. STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	24. CITY-ST-ZIP	
TITLE		31. TITLE	DELETE
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	DELETE
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	DELETE
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	DELETE
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	President	11. TITLE	Change	Addition
12. NAME	Sandra A. Johnson	12. NAME		
13. STREET ADDRESS	Rt. 1, Box 71	13. STREET ADDRESS		
14. CITY-ST-ZIP	Quincy, FL 32351	14. CITY-ST-ZIP		
21. TITLE		21. TITLE	Change	Addition
22. NAME		22. NAME		
23. STREET ADDRESS		23. STREET ADDRESS		
24. CITY-ST-ZIP		24. CITY-ST-ZIP		
31. TITLE		31. TITLE	Change	Addition
32. NAME		32. NAME		
33. STREET ADDRESS		33. STREET ADDRESS		
34. CITY-ST-ZIP		34. CITY-ST-ZIP		
41. TITLE		41. TITLE	Change	Addition
42. NAME		42. NAME		
43. STREET ADDRESS		43. STREET ADDRESS		
44. CITY-ST-ZIP		44. CITY-ST-ZIP		
51. TITLE		51. TITLE	Change	Addition
52. NAME		52. NAME		
53. STREET ADDRESS		53. STREET ADDRESS		
54. CITY-ST-ZIP		54. CITY-ST-ZIP		
61. TITLE		61. TITLE	Change	Addition
62. NAME		62. NAME		
63. STREET ADDRESS		63. STREET ADDRESS		
64. CITY-ST-ZIP		64. 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)(j), 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:

*Sandra A. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

850-856-9092

Daytime Phone #

FILED

99 FEB 11 PM 12:56

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

59-3273512

Applied For

Not Applicable

5. Certificate of Status Desired

[ ]

\$8.75 Additional Fee Required

6. Election Campaign Financing

[ ]

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

[X] Yes

[ ] No

10. Name and Address of New Registered Agent

0096110

CR2E034 (11/98)