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PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 FEB 11 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073707

1. Corporation Name
SAN NATHAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 71 QUINCY FL 32351 US	RT. 1 BOX 71 QUINCY FL 32351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1994

4. FEI Number: 59-3273512 [ ] Applied For [ ] Not Applicable

5. Certifcate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

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

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Gretna, FL
Zip 24 / Country 25	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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [XX] DELETE	1.1 TITLE	President [XX] Change [ ] Addition
NAME	JOHNSON, MARGIE	1.2 NAME	Sandra A. JOhnson
STREET ADDRESS	RT. 1, BOX 71	1.3 STREET ADDRESS	Rt.1, Box 71
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	Quincy, Fl 32351
TITLE	VTSD [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, SANDRA	2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 71	2.3 STREET ADDRESS	400002776894-- 0
CITY-ST-ZIP	QUINCY FL 32351	2.4 CITY-ST-ZIP	-02/16/99--01046--010
TITLE	[ ] DELETE	3.1 TITLE	****150.00 [ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

VSP 2/11/99

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: Sandra C Johnson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/11/99 Date — 850-856-9042 Daytime Phone #

CR2E034 (11/98)