NOV. 17. 1999 9:38AM NO.247 P.1/1

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

FILED
1999 NOV 17 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067683

Corporation Name

SILVER WOLF INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1013 W. JEFFERSON ST. QUINCY, FL 32351 US	502 EAST PARK AVE. TALLAHASSEE, FL US 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/96

2. Principal Place of Business	2a. Mailing Address
	26 502 EAST PARK AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State	City & State 28 TALLAHASSEE, FL
Zip 25 / Country	Zip 29 32301 / Country 30 US

4. FEI Number: 59-3398303 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fee

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

9. Name and Address of Current Registered Agent

RODOLFO NUNEZ
502 EAST PARK AVE.
TALLAHASSEE, FL 32301
US

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 607.1608, 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 RODOLFO NUNEZ, REG. AGENT 11/17/99 (850) 425-2444
Signature, type or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when designated. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FLETCHER, ROBERT V. 4284 CAMDEN RD. TALLAHASSEE, FL 32303 ☐ DELETE	13.1 TITLE D 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	NUNEZ, RODOLFO 502 EAST PARK AVE. TALLAHASSEE, FL 32301 ☐ Change ☒ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FLETCHER, MICHAEL T. 108 EAGLES RIDGE DR. CRAWFORDVILLE, FL 32327 ☐ DELETE	12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP	☐ Change ☐ Addition 000003047280--7 -11/17/99--01063--009 *****158.75 *****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: RODOLFO NUNEZ, DIRECTOR 11/17/99 (850)425-2444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DAYTIME PHONE #