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 # P9600097672

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90063 012 ***150.00

1. Corporation	Name	00/0/2					
SWEET ANNIE'S ENTERPRISES, INC.							
							AN N abio in a n'i aba t
Principal Place of Business Mailing Address							
692 BALD EAGLE DRIVE 380 SANDHILL STREET							
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/27/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21	26				65-0711087		Not Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional . Required
22 27 27 27 27 27 27 27 27 27 27 27 27 2							· ·
City & State City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	p Country Zip		Country		This corporation owes the current year Intangible		
24	25 29 30			,	Personal Property Tax. Yes No		No
241	9. Name and Address of Current Registered Agent		<u>, </u>		10. Name and Address of New Registered Agent		
_			81	Name			
GUEST, THOMAS			82	Street Add	ess (P.O. Box Number is Not Acceptable)		
380 SANDHILL ST					A second of the		
MACO ISLAND FL 34145			83	3	and the end of the control of the co	; , ; ;	相談的 二
			84	City		85 Zip	p Code
				<u> </u>	FI	_	ita na sistemad
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was aut	i, the abov horized by	/e-named corp / the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	r changing i ointment as	registered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statute	s.			
SIGNATURE		A A A A A A A A A A A A A A A A A A A	in atom An	not eignature requir	red when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Re-				ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE			13. 1.1 TITLE			Change	e Addition
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREE	ET ADDRESS			1
CITY-ST-ZIP	111111111111111111111111111111111111111		1.4 CITY-	ST-ZIP			
TITLE	ST DELETE 2.1 T		2.1 TTLE			Change	e
NAME	docor, ciccerri		2.2 NAME				
STREET ADDRESS			2.3 STREI	ET ADDRESS			1
CITY-ST-ZIP	7.11.100 102 7.12 1.12 1.12		2. 4 CITY-			□ Change	e
TITLE			3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS	•	•	
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE			Chang	e Addition
TITLE NAME		_ 5	4, 2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-		•		
TITLE			5.1 TITLE			Chang	e · 🔲 Addition
NAME			5.2 NAME				ł
STREET ADDRESS			5.3 STRE	ET ADDRESS			ł
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Chang	je 🗌 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			

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 Tepost 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. CITY-ST-ZIP

SIGNATURE: _3

Date Daytime Phone #