SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P96000103014 (2)

SILVER SANDS FOOD, INC.

FILED	
Sep 22 1997 8:00am	ì
Secretary of State	



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Principal Plac	ce of Business	Mailing Address			I CONTROL TO FORME BEING ODITY BOUND HIDTH BOLDE FUND BRICK TOTAL BOUND BUILD (BOX	
155 POINCIAL	NA BLVD	199 POINCIANA BLVD			, i	
DESTIN FL O	- 1 (L) C 34 DD	630 Grund	بإسالة	Suite 100		
630 G	• • •	Desting fe 33	EUI			
Destin	1 FC 32541	manula 3-	. TI		3. Date Incorporated or Qualified 12/16/1996	
	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21 630 G	rand Blvd.	26 630 Grand	Blvd.		59-3451 733 Not Applica	
Suite, Apt.	,	Suite Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
	e #100	27 Suite #100			Fee Required	
City & Stat 23 Dest	in. FL	City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28 Destin, FL	Cour	ntrv	Trust Fund Contribution	
325	41 25	Zip 32541	30	,	Personal Properly Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
	UE, ROB JR			81 Name	***	\neg
1	1 MCKENZIE AVENUE		ł	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
PA	NAMA CITY FL 32401					
,				83		
1				84 City	85 Zip Code	\dashv
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statu	les the ab	nove-pamed co	prporation submits this statement for the purpose of changing its register	
l ottice of t	registered agent, or both, in the State cam familiar with, and accept the obligat	t Horida. Such change was	authorizec	l by the corpor	ration's board of directors. I hereby accept the appointment as registered	d
SIGNATURE	4	(A) 3 (C) (C) (C) (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Onua Statt	1103.		1
	Signature, typed or printed name of registered agent		I Fly listered	AgeN signature rec	quired when reinstating) DATE	-
12.	OFFICERS AND		13.	J	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\Box 8
TITLE	BLUE: ROB JR-	DELÉTE	1.1111		☐ Change ☐ Addi	iion S
NAME CTREET APPRICES	221 MCKENZIE AVENUE	•	1.2 NA	WE K	Centh Howard, Suite 100	2
STREET ADDRESS CITY-ST-ZIP	PANAMA CITY FL 82401			REET ADDRESS	(eith Howard , Swite 100 30 Geand Blvd , Swite 100 Destin FL , 32541	ŭ
TITLE		☐ DELE1E	2 1 TU	Y-ST-ZIP D	Change Addi	inn (
NAME			2 2 NA	ME		
STREET ADDRESS			23 \$16	HEET ADDRESS		٠
CITY-ST-ZIP			2. 4 CI	IY-ST-ZIP		-
TITLE		DELFTE	3.1 T(T)	.€]	☐ Change ☐ Addit	ion
NAME OTREST LODGES			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CIT	Y-S1-2IP	☐ Change ☐ Addit	ion
NAME			4.2 NA	1	E change E Kon	1011
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELF1E	5.1 Till	· · · · · · · · · · · · · · · · · · ·	Change Acdit	ion
NAME			5.2 NA	ME .	. \.	
Street Address			5.3 STR	EET ADDRESS	// ^\^V	11
CITY-ST-ZIP		TT 22.222		Y-ST-ZIP	<u> </u>	_]
TITLE		DELETE	6.1 1111		200002303102 Acdit -09/25/9701048005	ion
NAME Street address		•	6.2 NAM		-09/25/9701048005	f
CITY-ST-ZIP				EET ADDRESS Y-S1-ZIP	***550.00	
OHIT-OH-LIF			0.9 (/11)	irairzir		

I do 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 fustee 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, an or an attachment with an address.