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PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT DE STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000103014

SILVER SANDS FOOD, INC.

Mailing Address Principal Place of Business % HOWARD GROUP % HOWARD GROUP 630 GRAND BLVD., STE. 100 630 GRAND BLVD., STE. 100 DO NOT WRITE IN THIS SPACE DESTIN FL 32541 DESTIN FL 32541 3. Date Incorporated or Qualifed 12/16/1996 2a. Mailing Address 4. 'FEI Number Applied For 2. Principal Place of Business 59-3451733 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired_ Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BLUE, ROB JR 82 Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVENUE PANAMA CITY FL 32401 83 Zip Code City 84 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change □ DELETE 1.1 TITLE TITLE HOWARD, KEITH 1.2 NAME NAME 630 GRAND BLVD. SUITE 100 1.3 STREET ADDRESS STREET ADDRESS DESTIN FL 32541 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 5.1 TITLE TITLE

14. I hereby certify that the information supplied with this fling 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.

52 NAME

61 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

850-837-1886

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90119 030 ***150.00

Addition

☐ Change

CR2E034 (11/98)