FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000102890 (5) DOCUMENT # SAVANNAH TRADING COMPANY Principal Place of Business Mailing Address 1561 SW WATERFALL BOULEVARD 1561 SW WATERFALL BOULEVARD PALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1997 2. Principal Place of Business Mailing Address Applied For 65-0813289 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees 28 Zip Country Country 2ip 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 MACQUARRIE, DUNCAN 1561 SW WATERFALL BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 84 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 it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Y Addition DELETE TITLE 1.1 TITLE Change President Duncan R. Macqua NAME 1.2 NAME **CR2E034** STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE Addition NAME

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 or an attachment with an address.

SIGNATURE:

4197 98 30-723-9566

STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS