PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000102890**1. Corporation Name

SAVANNAH TRADING COMPANY

May 03, 1999 8:00 am Secretary of State

05-03-1999 90101 005 ***150.00



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| | and the same of th | - | VADD | | | | | | |
| | | 1561 SW WATERFALL BOULEVARD PALM CITY FL 34990 | | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | • | | | | | 3. Date Incorporated or Qualifed 12/04/1997 | | | |
| City & State 23 Zip Country 24 25 9. Name and Address of Curre MACQUARRIE, DUNCAN 1561 SW WATERFALL BOULEVARD PALM CITY FL 34990 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliging SIGNATURE Signature, typed or printed name of registered agent. | | 2a. Mailing Address | | | | 4. FEI Number Applied | | | |
| 21 | • | 26 Post Office P | bo X | 7 | 95 | 65-0813289 | Not | Applicable | |
| | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired L. Fo | e Req | uired . | |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 talm city, K | | | - | Trust Fund Contribution Ac | ded to | Fees | |
| Zip | - Country | Zip | Cou | • | | 8. This corporation owes the current year Intangible | | _ | |
| 24 | 25 | 29 3499 30 |) | <u>US</u> | <u> A</u> | Personal Property Tax. | | No | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ** 17 ** 1561 SW WATERFALL BOULEVARD | | | | 81 | Name | | | | |
| | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | | |
| | | in koji 1112£ 128 izkalik Praktoji na Marijanja | | | * | | | | |
| PALI | A CITY FL 34990 | | , | 83 | | | | | |
| | | | | 84 | City | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | Zin Ce | ode . | |
| | | | | | • | | iei . | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the a | bove- | named com | poration submits this statement for the purpose of changi | ig its r | egistered | |
| office of fi | egistered agent, or both, in the State o m familiar with, and accept the obligati | ons of, Section 607.0505, Florida | a Statu | utes. | e corporati | on's board of directors. Thereby accept the appointment | aa rogi | 310100 | |
| | *** | A STATE OF THE STA | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | | Agent s | signature require | ed when reinstating) DATE | | | |
| 12. | OFFICERS AND | | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRI | | | |
| TITLE | • | ☐ DELETE | 1.1 🎞 | | | LJ GH | иge | Addition Addition | |
| NAME | | | 1.2 N/ | | ٠ | | | | |
| STREET ADDRESS | | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | PALM CITY FL 34990 | | _ | TY-ST-Z | ZIP | | ngo. | Addition | |
| TITLE | | ☐ DELETE | 2.1 11 | | | Çh | uige | ☐ Addition | |
| NAME | | | 2.2 N/ | | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | | | |
| - 1 | | | _ | ITY-ST- | ZIP | | 2000 | ☐ Addition | |
| TITLE . | | ☐ DELETÉ | 3.1 🎞 | | | | ı iye | ☐ Addition | |
| NAME | | | 3.2 N/ | | | | | | |
| STREET ADDRESS | | | 3.3 ST | REETA | DDRESS | | | | |
| | | | _ | TY-ST- | ZIP | | | ☐ Additio- | |
| TITLE | | ☐ DELETE | 4.1 777 | | | □ Ch | #ige | ☐ Addition | |
| NAME | | | 4. 2 N | AME | | | | | |
| STREET ADDRESS | | | | | DORES\$ | | | | |
| CITY-ST-ZIP | | | | TY-ST-Z | ZIP | | | | |
| TITLE | DELETE | | | 5.1 TITLE | | □ Ch | ınge | ☐ Addition | |
| NAME | | | 5.2 N/ | | | | | | |
| STREET ADDRESS | | | | | DORESS | | | | |
| CITY-ST-ZIP | | | | TY-ST-2 | ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TI | | | \ Ch | inge | ☐ Addition | |
| NAME | | | 6.2 N | 11.15 | | | | | |
| | | | | | DDRESS | | | | |

CITY-ST-ZIP 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: