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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090490

Corporation Name

SAVANNAH ENTERPRISES, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90108 037 ***158.75



Mailing Address Principal Place of Business 91 HILL AVE 91 HILL AVE FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/23/1998 FEI_Number Applied For 2. Principal Place of Business Not Applicable 26 \$8.75 Additional 5. Certifcate of Status Desired -Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution This corporation owes the current year Intangible 12No Yes Personal Property Tax. 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FLEET, H BART Street Address (P.O. Box Number is Not Acceptable) 82 1201 EGLIN PARKWAY SHALIMAR FL 32579 83 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE COWELL, SAVANNAH L 1.2 NAME NAME 401-3151 401 31ST ST 1.3 STREET ADDRESS STREET ADDRESS HICEVILLE, FL 32578 NICEVILLE FL 32578 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 21 TITI F EDWIN A. BAPTISTE, M 220 NW. FLIVA AVE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 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 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST+ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADORESS

4. 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.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED ONE PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

02/16/99 (850) 678-9602 Dayline Phone # CR2E034 (11/98)