

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000092481

1. Corporation Name

BANANA RIVER SYSTEMS INC.



Principal Place of Business

245 GUS HIPP BLVD.
ROCKLEDGE FL 32955

Mailing Address

245 GUS HIPP BLVD.
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1998

4. FEI Number

59-3529055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

SARTAIN, KELLY
5335 TAPSCOTT AVE.
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name KELLY SARTAIN
82 Street Address (P.O. Box Number is Not Acceptable)
860 BROOKVIEW LANE
83
84 City ROCKLEDGE FL 85 Zip Code 32955

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: KELLY SARTAIN VICE PRESIDENT

Kelley Sartin

4/21/99

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MR. PRESIDENT ☐ DELETE

NAME RHONDA D. SARTAIN
STREET ADDRESS 860 BROOKVIEW LANE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VICE PRESIDENT ☐ DELETE

NAME MR. KELLY SARTAIN
STREET ADDRESS 860 BROOKVIEW LANE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE TREASURER ☐ DELETE

NAME MS. JEREMIAH JOHNSON
STREET ADDRESS 7 FLORIDA AVE
CITY-ST-ZIP COCOA FL 32922

TITLE MR. JOE MAYER SECRETARY ☐ DELETE

NAME
STREET ADDRESS 3 SPINDAKER PT. CT.
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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: KELLY SARTAIN KELLY SARTAIN 4/21/99

407 633-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)