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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

SABAL SALES INTERNATIONAL, INC.

FILED

May 01 1998 8:00am

Secretary of State

Mailing Address

2301 RANDLAKE RD

Principal Place of Business

3391 SANDLAKE RD

| LONGWOOD | | . \$2779 LONGWOOD FL 32779 | | DO NOT WRITE IN THIS SI | DVCE . | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------|------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|---------------|
| US | US | | | 3. Date Incorporated or Qualified | | | |
| | | | | | 01/31/1992 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 1 0 | 4. FEI Number | Apı | plied For |
| 21 3764 | Silver Star Ro | 26 3764 Silv | Jer S | tar Ro | 59-3104762 | · · · · · · · · · · · · · · · · | t Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A | |
| 22 | | 27 | | | G. Commodite of characteristics | Fee Red | |
| City & Stat | | City & Stale | F | | 6. Election Campaign Financing | \$5.00 | |
| 23 () | and6, Fl Country | 28 ORIANDO, | Country | | Trust Fund Contribution | Added to | |
| 24 328 | | 29 32808 3 | 30] | • | This corporation owes or has paid the current Personal Property Tax due June 30. | | Ingible No |
| 24 220 | 9. Name and Address of Current | Registered Agent | 301 | | 10. Name and Address of New Registered A | | |
| FRANKLIN, RICHARD 81 Name | | | | | | | |
| PROME CANDINAVE DO | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| LONGWOOD FL 32750 | | | | | | | |
| | | | 83 | | | | |
| | | | 84 | City | | 85 Zip C | ode |
| | | | | ′ | FL. | | |
| 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 Storature typed or protect name of it, gode extremal at their applicable (NOT): Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | Signature typed or printed name of registered age: OF LICERS AND | | 13. | en: signature req | uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR! | S IN 12 |
| TITLE | PST | DELFTE | 1.1 TITLE | | | Change | Addition |
| NAME | FRANKLIN, RICHARD SR. | | 1.2 NAME | ļ | | | |
| STREET ADDRESS | 3391 SANDLAKE RD | | 1.3 STREE | ADDRESS | | | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | | 1.4 CITY-5 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREE | ADDRESS | | | |
| CITY-ST-ZIP | | T on the | 2. 4 CITY- | ST-ZIP | | Change | Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | į | · | Change | Addition |
| NAME | | | 3.2 NAME | 455550 | | | |
| STREET ADDRESS | | | 3.3 STREE | 1 | | | |
| CITY+ST-ZIP TITLE | | DELETE | 3.4 CITY- 4.1 TITLE | 21-2IF | | Change | Addition |
| NAME | | C) Section | 4. 2 NAME | ĺ | • | | |
| STREET ADDRESS | | | 4.3 STREE | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-3 | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | ADORESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY - | ST- ZIP | | | |

14. Thereby 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 chapted, or on an attrichment with an address.

11/22/02