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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004436 (2)

1. Corporation Name

NORTH AMERICAN SNAKE INSTITUTE INC.



Principal Place of Business

Mailing Address

7451-19 103RD ST
SUITE 68
JACKSONVILLE FL 32210

C/O DAVID A KING
1416 KINGSLEY AVE
ORANGE PARK FL 32073-4509

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3214570

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 has liability for intangible taxes under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, DAVID A ESQ
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ROSSI, JOHN V
STREET ADDRESS 1300 N HOBOCK
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2956 Remington
1.4 CITY-ST-ZIP Jacksonville, FL 32205

☒ Change ☐ Addition

TITLE D
NAME ROSSI, ROXANNE
STREET ADDRESS 1300 N HOBOCK
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2956 Remington
2.4 CITY-ST-ZIP Jacksonville, FL 32205

☒ Change ☐ Addition

TITLE D
NAME BUTLER, JOSEPH A
STREET ADDRESS 2833 DICKIE CT
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GOSS, WILLIAM A
STREET ADDRESS 283 EGNETS WALK
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GOSS, MARY M
STREET ADDRESS 283 EGNETS WALK
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)