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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 10 103RD ST~~ ~~SUITE 60~~ ~~JACKSONVILLE FL 32210~~	~~C/O DAVID A KING~~ ~~1416 KINGSLEY AVE~~ ~~ORANGE PARK FL 32073~~

3. Date Incorporated or Qualified: 10/01/1993

4. FEI Number: 59-3214570 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2956 Remington Street	26 2956 Remington Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville, FL	28 Jacksonville, FL
24 Zip 32205 / 25 Country USA	29 Zip 32205 / 30 Country USA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: John V. Rossi 82 Street Address (P.O. Box Number Is Not Acceptable): 2956 Remington Street 83 84 City: Jacksonville, FL 85 Zip Code: 32205

11. Pursuant to the provisions of Section 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: X John V. Rossi
Signature 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSSI, JOHN V ~~2956 REDINGTON~~ JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	2956 Remington Street	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSI, ROXANNE ~~2956 REDMINGTON~~ JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	2956 Remington Street	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, JOSEPH A 2833 DICKIE CT JACKSONVILLE FL 32216	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOSS, WILLIAM A 283 EGRETS WALK ORANGE PARK FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOSS, MARY M 283 EGRETS WALK 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

CR2E037 (10/97)

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

SIGNATURE: X