

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000058532 (0)**

1. Corporation Name: **SNACK DISTRIBUTORS NETWORK, INC.**



Principal Place of Business: **2952 FORSYTHE ROAD WINTER PARK FL 32792**
Mailing Address: **2952 FORSYTHE ROAD WINTER PARK FL 32792**

3. Date Incorporated or Qualified: **08/08/1994** 3a. Date of Last Report: **11/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: **02-1575914** Applied For: **APPLIED FOR**
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 tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SOBERING, GRAY & WHITE, P.A. 201 S. ORANGE AVE. STE. 760 ORLANDO FL 32801**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

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 (Signature, Type or printed name of registered agent and the incorporator) (IF FEI: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCINELLI, TONY	1.2 NAME	
STREET ADDRESS	607 LICKING HOLE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ASHLAND VA 23005	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYER, ANDY	2.2 NAME	
STREET ADDRESS	6916 VALJEAN AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VAN NUYS CA 90406	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUNER, RICHARD	3.2 NAME	
STREET ADDRESS	2952 FORSYTHE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32792	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENS, TIM	4.2 NAME	
STREET ADDRESS	RELIACE & WILE AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SOUNDERTON PA 18964	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHILL, PETE	5.2 NAME	
STREET ADDRESS	1617 HENDRICKS AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUNER, RICHARD	6.2 NAME	
STREET ADDRESS	2952 FORSYTHE ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32792	6.4 CITY - ST - ZIP	

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 1 address.

SIGNATURE: *Richard Launer* 1-29-96 407-671-0152
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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