

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

2. Principal Place of Business: 21 Sute, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Sute, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

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 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **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: _____ DATE: _____

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

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-03/13/96--01038--019 Change Addition
*****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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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