

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

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**May 09 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000058532 (0)**

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



Principal Place of Business  
**2852 FORSYTHE ROAD  
WINTER PARK FL 32782**

Mailing Address  
**2852 FORSYTHE ROAD  
WINTER PARK FL 32782-6680**

3. Date Incorporated or Qualified **08/08/1994** 3a. Date of Last Report **03/12/1996**

4. FEI Number **62-1575914** 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 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

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 **Dwayne Gray**

82 Street Address (P.O. Box Number is Not Acceptable) **133 W. Central Blvd.**

83 **Suite 1100**

84 City **Orlando FL** 85 Zip Code **32801**

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 *Dwayne Gray* **4/30/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PUCINELLI, TONY</b>	1.2 NAME	
STREET ADDRESS	<b>807 LICKING HOLE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASHLAND VA 23005</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BYER, ANDY</b>	2.2 NAME	
STREET ADDRESS	<b>8916 VALJEAN AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VAN NUYS CA 90406</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LAUNER, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>2852 FORSYTHE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32782</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CLEMENS, TIM</b>	4.2 NAME	
STREET ADDRESS	<b>RELIACE &amp; WILE AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUNDERTON PA 18984</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ROCKHILL, PETE</b>	5.2 NAME	
STREET ADDRESS	<b>1617 HENDRICKS AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LAUNER, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>2852 FORSYTHE ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32782</b>	6.4 CITY-ST-ZIP	

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

SIGNATURE *Dwayne Gray* **2-25-97 402671-0152**

CR2E034 (9/96)