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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000046824 (3)

SNACK-EM-UP INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- C SERVICERY VAN PREVI ENDIVERNIN MANNY RANNY RANNY R	JABI B BILDA 18110 HADI DI DI DI 1001	
22 MARTHA DR		22 MARTHA DR					
MACCLENNY FL \$2063		MACCLENNY FL 32063					
					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualified 05/23/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-347 1575	Not Applicable	
Suite, Apt. #. etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27		5, Certificate of Status Desired	Fee Required		
City & State	o -	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Z(p)	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	25 a. Name and Address of Current	[29] 30 Registered Agent)		Personal Property Tax due June 30. 10. Name and Address of New Registere		
TUELL, DONALD T 81 Name							
22 MADTHA DD				Street Address (D.O. Day N. rekey in Mat Assessable)			
MACCLENNY FL 32063			82 S	treet Addire	et Address (P.O. Box Number is Not Acceptable)		
			83	···			
			84 0	Sity		ar Zo Codo	
				чту	F	L 85 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 the procedurate of regions a flavor and the diapposition. (NOV. Registered Agont signature required when reinstating). DATE							
12.	OFTICERS AND		egistered Agant sa	gnature required	ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS ADDITIONS AND	ND DIRECTORS IN 12	
TITLE		DELETE	1.1 MILE	<u> PD</u>	ADDITIONS CHANGES TO CITICENS A	Change Addition	
NAME			1.2 NAME	12.1	alb Tuell		
STREET ADDRESS			1.3 STREET ADD	RESS 22	martha DR		
CITY-ST-ZIP .	I <u></u>		1.4 CITY-ST-ZI	p mo	acclenny FL 32063		
TITLE	_	DILETE	2.1 TITLE	30	>	☐ Change ☐ Addition	
NAME			2.2 NAME	Cat	my williams Toell		
STREET ADDRESS	; 		2.3 STREET ADD	RESS 22	my williams toell AMARTHA DR	}	
CITY-ST-ZiP			2. 4 CITY - ST - Z	P 1	naccienny fi 32018		
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NAME			3.2 NAME				
STREET ADDRESS CITY-ST-ZIP			3.9 STREET ADD 3.4. DITY-ST-Z	- 1			
TITLE		DELETE	4 Tilt F	P		Change Addition	
NAME		<u></u>	4. 2 NAME			El siange El ristant	
STREET ADDRESS			4 3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 CITY - \$1 - ZI				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	RESS			
CITY-ST-ZIP	······		5.4 CITY - S1 - 7	Р			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	RESS		Ì	
CITY-ST-ZIP			6.4 CHY - S1 - ZI				
14. Thereby c	errity that the information supplied wit	n this filmo does not qualify for th	he exemption	stated in Si	ection 119.07(3)(i), Florida Statutes, I further (certify that the information. I	

indicated on this annual report or supplemental armunal 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 charged, or gy an attachment with an address.