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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 283294

(7)

SNOOK INDUSTRIES INC.

FILED Mar 06 1997 8:00am Secretary of State

Principal Plac POST OFFICE FRUITLAND PA	BOX 756	Mailing Address POST OFFICE BOX 758 FRUITLAND PARK FL 34731-	0756	3. Date Incorporated or Qualified 07/10/1964 07/12/1996		
· · · · ·	Tace of Business	28. Mailing Address	116	4. FEI Number		olied For
Suite, Apt	. Box 669	26 (3.0.18) Suite, Apt. #, etc	669	59-1064482		Applicable
22		27		5. Certificate of Status Desired	S8.75 Ac Fee Req	
Cily & State	y Lake FL	City & State 28 Low Loke	2 FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip 3 2	158 - Country US	A Zip 32158-0669	Country CA	This corporation has liability for Florida Statutes	intangible tax under s. '	199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
	OOK, ROBERT		81 Name	Shoot Robert		
	I SPRING LAKE RD.		82 Street A	ddress (P.O. Box Number is Not Acceptat		***************************************
FRU	ITLAND FL 34731		83	BIAA ALLINATON	NUC	
			84 City	idu Lako	FL 85 Zip Co	ode 1 6 9
I office or r	egistered agent, or both, in the Sta in facultar with, and accept the obt	ite of Fiorida. Such change was au ligations of, Section 607.0505, Flor	ithorized by the corpo		ourpose of changing its of the appointment as re	registered agistered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	pg	IN 12
TITLE	PD	DELETE		PD ~	Change	Addition
NAMÉ	SNOOK, ROBERT		1.2 NAME	SNOOK, ROBERT	l or	
STREET ADDRESS	1491 Spring Lake RD. Fruitland Fl			38149 Arlington	72/0	
CITY-ST-ZIF TITLE	FRUITANU FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Lady Lake "FL	3 <i>2159</i> □ Change	Addition
NAME		bereit	2.7 MILE 2.2 NAME	•	Change	E Audition
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP			2 4 CITY-ST-ZIP			
TULE		DELETE	3 1 TITLE	***************************************	Change	Addition
NAME			3.2 NAME		,	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-7IP TITLE		☐ DELETE	3.4 CITY+ST-ZIP 4.1 TITLE		☐ Change	Addition
NAME		Deteri	4.2 NAME		CI cuttille	Audition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TILE	and the state of the second se	DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - S1 - ZiP		□ Les eve	5.4 CITY - ST - ZIP	y · · · · · · · · · · · · · · · · · · ·		
TILE		☐ DELETE	6.1 TITLE		Change	Addition
NAME OTOTE LANDBRIDE			6.2 NAME			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

352753155