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 #

417803

(4)

SNOOK ENTERPRISES INC

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100/10 01001 1/0/1 1005 10/16 00/10 4/14 010/1 0/0/1 0/0/1 0/0/1 0/0/1 0/0/1			
3000 LAND O LAKE BOULEVARD LAND O LAKES FL 34639 US		3000 LAND O LAKES BOULEVARD LAND O LAKES FL 34639 US			DO NOT WRITE	IN THIS S	SPACE		
						3. Date Incorporated or Qualified			
					<u>, </u>	01/31/1973			
	lace of Business	2a. Mailing Address			4. FEI Number			pplied For	
21	H ata	Suite, Apt. #, etc.			59-1439973			ot Applicable	
Suite, Apt.	#, U IC.	27			5. Certificate of Status Desired			Additional equired	
City & State	8	City & State				6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		•	to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has pa			tangible
24	25	29	30			Personal Property Tax due June] No
Name and Address of Current Registered Agent				81	A1	10. Name and Address of New Re	gistered A	\gent	
	BASTIAN, JUDITH			81	Name				
	07 CARSON DRIVE		82 S			ress (P.O. Box Number is Not Acceptab	ole)		
LAI	ND O LAKES FL 34839		83		 				
				83					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the at	oove	named corp	poration submits this statement for the p	urnose of		ts registered
office or r agent. I a	egistered agent, o r both, in the Stat m fam iliar with, and accept the obliq	e of Florida. Such change was gations of, Section 607.0505, I	s authorized Florida Stat	d by utes.	the corporat	tion's board of directors. I hereby accept	of the appo	ointment as	registered
SIGNATURE									
Signature, typed or printed name of registered agent and life if applicable. (NOTE: 6 12. OF FICERS AND DIRECTORS				Registered Agent signature requi			DATE	DIDECTOR	30.0140
TITLE	VD OFFICERS AT	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	SNOOK, NORMAN	_ sate	1.2 NA					Onlingo	ויייייייייייייייייייייייייייייייייייייי
STREET ADDRESS	2942 JABUD LANE				ADORESS				•
CITY-ST-ZIP	LAND O' LAKES FL 34639		1.4 CITY -		ŀ		<i>18</i>		
TITLE	PD	DELETE	2.1 111					Change	Addition
NAME	S EBASTIAN, JUDITH		2.2 NA	ME					
STREET ADDRESS	22307 CARSON DRIVE		2.3 STRE		ADDRESS				1
CITY-ST-ZIP	LAND O'LAKES FL 34639			2. 4 CITY-ST-ZIP					İ
TITLE	\$D	DELETE	3.1 117	LE				Change	Addition
NAME	S NOÓK, JANE HILL		3.2 NA	ME					
STREET ADDRESS	2942 JABUD LANE		3.3 ST	REET A	NDDRESS				}
CITY-ST-ZIP	LAND O'LAKES FL 34639		3.4. CI	TY-ST	- 2IP				
TITLE	TD	☐ DELETE	4.1 TH	LE				Change	☐ Addition
NAME	SEBASTIAN, TIMOTHY		4. 2 N	AME					
STREET ADDRESS	22307 CARSON DRIVE		4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	LAND O LAKES FL 34639	·	4.4 CI		- ZIP				
TITLE		☐ DELETE	5.1 1IT					Change	Addition
NAME			5.2 NA						
STREET ADDRESS					DORESS				
CITY-ST-ZIP		DELETE	5.4 CH		-ZIP			T (1	Aplettion
TITLE		DELET E	6.1 TIT				l	☐ Change	Addition
NAME			6.2 NA						
STREET ADDRESS			1	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
CITY-ST-ZIP	<u>; </u>		6.4 CI	Y-ST	- ZIP				

14. Thereby 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.