## **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** 

POCUMENT # 488691

(7) SNYDER INDUSTRIAL HOSE, INC. Mailing Address Principal Place of Business 2140 W. CHURCH ST. 2140 W. CHURCH ST. ORLANDO FL 32805 ORLANDO FL 32805-2136 3a. Date of Last Report 3. Date Incorporated or Qualified 10/30/1975 04/12/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-1624418 26 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 Olty & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zιρ Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SNYDER, LOUIS E 655 FRIAR ROAD Street Address (P.O. Box Number is Not Acceptable) 82 WINTER PARK FL 32792 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable. (NOT): Registered Agent signature required when re-instating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition TITLE 1.1 TITLE NAME SNYDER, LOUIS E 1.2 NAME STREET ADDRESS 655 FRIAR ROAD 1.3 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7/F DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Change Addition i THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 11TLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 anadoment with an address.

SIGNATURE:

**FILED** 

Mar 13 1997 8:00am

Secretary of State