FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

DOCUMENT # 542802 (4)

SNODGRASS & MOORE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
690 EAU GALLIE BLVD. MELBOURNE FL 32935	690 EAU GALLIE BLVD. MELBOURNE FL 32935

3. Date first organized (if applicable): 08/11/1977

3a. Date of Last Report: 04/20/1994

4. FEI Number: 59-1760509 (Applied For / Not Applicable)

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Treasurer Designated Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

7. Is the corporation subject to the provisions of Chapter 607, Florida Statutes: [ ] Yes [ ] No

21	22	23	24	25	26	27	28	29	30

9. Name and Address of Current Registered Agent

SNODGRASS, JAMES
805 CROSSBOW DR
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned is familiar with and authorized by the corporation to make these changes. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE: [illegible]

12. OFFICER AND DIRECTORS

TITLE	P
NAME	SNODGRASS, JAMES
STREET ADDRESS	805 CROSSBOW DR
CITY-ST-ZIP	W. MELBOURNE FL
TITLE	ST
NAME	SNODGRASS, PATSY
STREET ADDRESS	805 CROSSBOW
CITY-ST-ZIP	W. MELBOURNE FL
TITLE	V
NAME	SNODGRASS, TONYA
STREET ADDRESS	1610 PGA BLVD
CITY-ST-ZIP	MELBOURNE FL
TITLE	V
NAME	DIXON, TINA
STREET ADDRESS	1371 GINZA RD., N.W.
CITY-ST-ZIP	PALM BAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.193, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with respect to the officers or directors listed with an address.

SIGNATURE: [illegible] 3/1/[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000A0MO CP