

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 570816 (9)

1. Corporation Name

SNYDER-BOICE, INC.



Principal Place of Business

5808 U.S. 19
NEW PORT RICHEY FL 34652-9936

Mailing Address

5808 U.S. 19
NEW PORT RICHEY FL 34652-9936

3. Date Incorporated or Qualified
05/01/1978

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-1816566

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SNYDER, CLIFFORD
5808 U.S. 19
NEW PORT RICHEY FL 34652-9936

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 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 607.0511, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent or director)

(NOTE: Register an Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SNYDER, CLIFFORD L
5808 U.S. 19
NEW PORT RICHEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BOICE, BRADFORD A
5808 U.S. 19
NEW PORT RICHEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SNYDER, BETTY L.
5808 U.S. 19
NEW PORT RICHEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

Day/Mo/Yr Printed #