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PROFIT CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 24 1997 8:00am

Secretary of State

813-847-7601

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 570816

(9)

SNYDER-BOICE, INC.

Propried Place	od Rusinoss	Mailing Address						
Principal Place of Business 5806 U.S. 19 NEW PORT RICHEY FL 34652-9936		5808 U.S. 19 NEW PORT RICHEY FL 34652-2896						
					3. Date Incorporated or Qualified 05/01/1978	1	e of Last R	eport
2. Principal Pl	ace of Business	28. Mailing Address	····		4. FEI Number		Ap	plied For
21		26		-	59-1816566			t Applicable
Suite, Apt :		Suile, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	quired
City & State		City & State			6. Election Campaign Financing	<u></u>	\$5.00	
23 Zie.	Country	28 Z _I D	Country		Trust Fund Contribution	ar intermible t	Added	
Zip	25	29	30		This corporation has liability for Florida Statutes	or intangibie t		. 199.032,
24	g. Name and Address of Curre		1301		10. Name and Address of New I			
NAS	DER, CLIFFORD		81	Name				
	U.S. 19		82	Care at A state	ress (P.O. Box Number is Not Accept	Inhio)		
	PORT RICHEY FL 34652-9936		82	Street Addr	ress (P.O. Box Number is Not Accept	labie)		
11611	TOTAL TE OTION SOU	•	83					<u> </u>
							Total 7:0	Cada
			84	City		FL	1	Code
	gistered agent, or both, in the stat	OF THE STATE OF THE PARTY OF THE THE	orida Statutae	ine corporat	poration submits this statement for the tion's board of directors. I hereby acc	sop. the appe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE						DATE		
SIGNATURE	Signature, typed or printed name of registered a				red when reinstating)	DATE		IS IN 12
SIGNATURE	Signature, typed or printed name of registered a	gont and life if applicable (NOI	E. Registered Agen			DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	gont and Me if applicable (NOI ND DIRECTORS	E. Registered Agen		red when reinstating)	DATE	DIRECTOR	
SIGNATURE 12. TITLE NAME	Signature, lysish or profed name of represent to OFFICERS AI	gont and Me if applicable (NOI ND DIRECTORS	E. Registered Agen 13. 1.1 T(TLE	nt signature requir	red when reinstating)	DATE	DIRECTOR	
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SIGNATURE 12. TITLE NAME STREEL ADDRESS CHY-ST-ZIF	Signature, typical or printed name of registered a OFFICERS AI PD SNYDER, CLIFFORD L 5808 U.S. 19 NEW PORT RICHEY FL D	gont and Me if applicable (NOI ND DIRECTORS	13, 1.1 TITLE 1.2 NAME 1.3 STREET	at Bignature requir	red when reinstating)	DATE	DIRECTOR	Addition
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