

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

FILED  
May 20 1997 8:00am  
Secretary of State

DOCUMENT # 638662

(7)

1. Corporation Name

DAVID M. SNYDER, CPA, P.A.

Principal Place of Business

P.O. BOX 151599  
ALTAMONTE FL 32715-1599  
US

Mailing Address

706 TURNBULL AVE. #101  
P.O. BOX 151599 N/A  
ALTAMONTE SPRINGS FL 32715-1599  
US

3. Date Incorporated or Qualified

10/04/1979

3a. Date of Last Report

06/03/1996

2. Principal Place of Business

21 P.O. BOX 692258

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

Zip

24 32869-2258

Country

25 ORANGE

2a. Mailing Address

26 P.O. BOX 692258

Suite, Apt. #, etc.

City & State

28 ORLANDO, FL

Zip

29 32869-2258

Country

30 ORANGE

4. FEI Number

59-1937711

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, DAVID  
706 TURNBULL AVES TE 101  
ALTAMONTE FL 32701

10. Name and Address of New Registered Agent

81 Name

SNYDER, DAVID

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

9626 BAY VISTA ESTATES BLVD

83

84 City

ORLANDO

FL

85 Zip Code

32836

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 607.0505, Florida Statutes.

SIGNATURE

David M. Snyder

DAVID M. SNYDER PRESIDENT

4-23-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS SNYDER, DAVID  
CITY-ST-ZIP 706 TURNBULL STE 101  
ALTAMONTE, FL 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME SNYDER, DAVID  
1.3 STREET ADDRESS P.O. BOX 692258 9626 BAY VISTA ESTATES BLVD  
1.4 CITY-ST-ZIP ORLANDO, FL 32869-2258 32836

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME CS  
5.3 STREET ADDRESS 5/20/97  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 attachment with an address.

SIGNATURE

David M. Snyder

4-23-97

407-351-7915

CR2E034 (9/96)