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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

674454

(4)

NORTH FLORIDA SNAX SALES, INC.

Principal Place of Business

Maling Address

3154 ELIZA ROAD TALLAHASSEE FL 32308 3154 ELIZA ROAD TALLAHASSEE FL 3230

TALLAHASSEE FL 32308 TALLAHASSEE FL 32308						
				3. Date Incorporated or Qualified 06/23/1980	3a. Date of Last Report 04/24/1995	
 2. Principal Pla 21 650 	ce of Business C'Id Dirt Rd	28. Mailing Address 26 U50 OIA	Dirt R	4. FEI Number 59-2002801	Applied For Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
City & State	shassee FL	City & State 28 Tallahass	re Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 323	Country 25 Leon	Zip 32311 30	Country	B. This corporation has liability for in Florida Statutes Yes		
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	81 Name					
PICKA	rd, Joseph A.		82 Street Ad	dress (P.O. Box Number is Not Acceptable	de)	
	ELIZA ROAD		650			
TALLA	HASSEE-FL-32908		83			
			84 City	11-1-06	FL 85 Zip Code 3231/	
11 Devocant to	o the provisions of Sections 607 0602 o	and 607 1609 Florida Statutos 1	be about named con	Mahabbee	noce of changing its registered office	
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, ay 1 accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE _	Joseph A. Vice	and pres			4-22-96	
	Go alure, typical or printed name of registered agent at		egistered Agent signature red	ared when reinstating! ADDITIONS/CHANGES TO OFF!	CEDE AND DIDECTORS IN 12	
12.	OFFICERS AND PTD	DIRECTORS	1) THILE	ADDITIONS/CHANGES TO OFFE	Change Addition	
· ·	PICKARD, JOSEPH A.		12 NAME		G Charge [] Machion	
NAME	3154 ELIZA ROAD			450 old Dirt	Read	
STREET ADDRESS	TALLAHASSEE FL		13 STREET ADDRESS	Tallabaccus	7024	
CITY-ST-ZIP	SD SD	□ DELETE	14 CITY-ST-ZIP 2 1 TITLE	Tallahassee 1	Change Addition	
1111.5						
NAME	PICKARD, BETTY T. 3154 ELIZA ROAD		22 NAME	LED DIE DIE+	Road	
STREET ADDRESS	TALLAHASSEE FL		2 3 STREET ADORESS	Till be a see	7,000	
C(TY-ST-ZIP	TALLAHASSEE FL	□ DELETE	24 CITY-ST-ZIP ====================================	650 old Pirt Tallahassee	Change Addition	
		otten	32 NAME		change yacarer	
NAME Oxeces services			3.2 NAME 3.3. STREET ADDRESS			
STREET ADDRESS						
CHTY-ST-ZIP TITLE		r delete	3.4 CITY-ST-ZIP 4. 1 TITLE		Change Addition	
NAME			4.2 NAME			
			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5. 1 TITLE		Change Addition	
NAME		Cocce	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
			· ·			
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIF 6 1 TITLE		Change Addition	
NAME		- percir	6 2 NAME			
· -			63 STREET ADDRESS			
STREET ADDRESS			1			
14 Ldo bereb	y co-tify that the information supplied w	ith this filing is voluntarily furnishe	6.4 CITY-ST-ZIP	fy for the exemption stated in Section 119	07/39/k) Florida Statutes Liturther	

4. To hereby certify that the information supplied with this lining is voluntarily formed and best for quality for the exemption stated in section 11-section 11-sect

SIGNATURE:

Butty J. Lichard Betty T. Pickard 4-22-94 878-833, SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Y T. Pickard 4-22-94 878-833,

CR2E034 (12/9