

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90236 015 \*\*\*150.00

**DOCUMENT # F75622**

1. Corporation Name

C. L. SNIDER ENTERPRISES, INC.

Principal Place of Business

105 OLD JENNINGS RD  
P.O. BOX 335  
ORANGE PARK FL 32067-7335

Mailing Address

105 OLD JENNINGS RD  
P.O. BOX 335  
ORANGE PARK FL 32067-7335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1982

4. FEI Number

59-2279414

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNIDER, CLARENCE, L  
105 OLD JENNINGS RD  
ORANGE PARK FL 32065

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME SNIDER, CLARENCE L  
STREET ADDRESS 632 SAN ROBAR DR  
CITY-ST-ZIP ORANGE PARK, FL 00000

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 32073

TITLE SD ☐ DELETE  
NAME SNIDER, BETTY  
STREET ADDRESS 632 SAN ROBAR DR  
CITY-ST-ZIP ORANGE PARK, FL 00000

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 32073

TITLE VD ☐ DELETE  
NAME SNIDER, ALBERT G  
STREET ADDRESS 217 MISTLETOE DR  
CITY-ST-ZIP GREENSBORO, NC 00000

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 10 Rams Gate Ct.  
3.4 CITY-ST-ZIP Greensboro, NC 27403

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

4-14-99 904-272-6262

Date

Daytime Phone #

CR2E034 (1/98)