

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

1995

DOCUMENT # F90380

(9)

SNAFU, INC.

APPROVED
AND
FILED

50 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROUTE 3 BOX 319E
CANAL STREET
BIG PINE KEY FL 33043

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CANAL STREET
BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

2. Date of Filing		2a. Month		3. Certificate Number		3a. Date of Filing	
21		26		07/12/1982		04/27/1994	
22		27		4. Certificate		Applied Fee	
23		28		65-0123861		Not Applicable	
24		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		5.00 May Be Added to Fees	
26		31		7. This corporation has liability for corporate tax under 1981 Florida Statutes		Yes ☐ No ☒	

9. Name and Address of Current Registered Agent

CHRISTIANSON, ROBERT
LOT 4 CAPTAIN KIDD LANE
CUDJOE KEY FL 33042

10. Name and Address of New Registered Agent

81 Name: ROBERT CHRISTIANSON
82 Street Address: RT 3 BOX 320 B CANAL ST
83 City: BIG PINE KEY
84 FL 85 Zip Code: 33043

11. I, the undersigned, do hereby certify that I am a resident of the State of Florida and 602.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address indicated in this statement. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and 602.1508 Florida Statutes.

Signature: [Signature] Date: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PTD CHRISTIANSON, ROBERT 4 CAPTAIN KIDD LN CUDJOE KEY FL	NAME	RT 3 BOX 320 B CANAL ST. BIG PINE KEY, FLA 33043
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE OF FILING		DATE OF FILING	
APPROVED		APPROVED	
SIGNATURE		SIGNATURE	
DATE		DATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE OF FILING		DATE OF FILING	
APPROVED		APPROVED	
SIGNATURE		SIGNATURE	
DATE		DATE	

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 602.1508 Florida Statutes. I further certify that the information indicated by 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 owner or holder of a security interest in the corporation and that my signature is required by 602.1508 Florida Statutes, and that my name appears in Block 12 or Block 13 of this form. I hereby accept the appointment as registered agent.

SIGNATURE: [Signature] ROBERT CHRISTIANSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5-3-95 305 872 8971