FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -2 PM 3:14

DOCUMENT # J11674 (5)

1. Corporation Name
SNOOTY FOX OF SANIBEL, INC.

Principal Place of Business	Mailing Address
2075 PERIWINKLE WAY #14 SANIBEL FL 33957-4105	2075 PERIWINKLE WAY #14 SANIBEL FL 33957-4105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1986
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 643 ASTARIAS CIRCLE	26 643 ASTARIAS CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. MYERS, FLA	City & State 28 FT. MYERS, FL
Zip 24 33919 Country 25 LEE	Zip 29 33919 Country 30 LEE

4. FEI Number: 59-2673276 ☐ 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

QUEISSER, QUENTIN
2075 PERIWINKLE WAY #14
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name: QUEISSER, QUENTIN
82 Street Address (P.O. Box Number is Not Acceptable): 643 ASTARIAS CIRCLE
83
84 City: FORT MYERS FL 85 Zip Code: 33919

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: QUENTIN QUEISSER 11/29/95
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	1.1 TITLE	PTD	☐ Change ☐ Addition
NAME	QUEISSER, QUENTIN	1.2 NAME	QUEISSER, QUENTIN	
STREET ADDRESS	14 PERIWINKLE PL	1.3 STREET ADDRESS	P.O. BOX 07441	
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE	VSD	2.1 TITLE	VSD	☐ Change ☐ Addition
NAME	QUEISSER, TIMOTHY	2.2 NAME	QUEISSER, TIMOTHY	
STREET ADDRESS	14 PERIWINKLE PL	2.3 STREET ADDRESS	P.O. BOX 07441	
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: QUENTIN QUEISSER 11/29/95 813-433-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330220 CP