

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J59690

(4)

1. Corporation Name
SNOWCAP PRODUCTS, INC.

Principal Place of Business
% JULIAN HAZELWOOD
1804 HIBISCUS DRIVE UNIT 6
EDGEWATER FL 32132

Mailing Address
% JULIAN HAZELWOOD
1804 HIBISCUS DRIVE UNIT 6
EDGEWATER FL 32132-3400



2. Principal Place of Business
21 Route 17, Brown Road
Suite, Apt. #, etc.

2a. Mailing Address
26 P. O. BOX 641
Suite, Apt. #, etc.

22 Box 166B - Unit # 4

27
28 White Springs, Florida

23 City & State
Lake City, Florida

24 Zip 32055 Country COLUMBIA

29 Zip 32096 Country HAMILTON

3. Date Incorporated or Qualified
02/27/1987

3a. Date of Last Report
02/16/1996

4. FEI Number
59-2783305

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

HAZELWOOD, JULIAN
1804 HIBISCUS DRIVE
UNIT 6
EDGEWATER FL 32032

10. Name and Address of New Registered Agent

81 Name HAZELWOOD, JULIAN
82 Street Address (P.O. Box Number is Not Acceptable)
Route 17, Brown Road
Box 166B, Unit #4
83
84 City Lake City, FL 85 Zip Code 32055

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAZELWOOD, JULIAN	
STREET ADDRESS	1823 TRAVELERS PALM DR	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HAZELWOOD, ETHEL M.	
STREET ADDRESS	1823 TRAVELERS PALM DR	
CITY - ST - ZIP	EDGEWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAZELWOOD, JULIAN	
1.3 STREET ADDRESS	Rt. 1 Stephen Foster Rd., N/A	
1.4 CITY - ST - ZIP	P.O. Box 641, White Springs, FL 32096	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAZELWOOD, ETHEL M.	
2.3 STREET ADDRESS	Rt. 1 Stephen Foster Rd., N/A	
2.4 CITY - ST - ZIP	P. O. Box 641 White Springs, FL 32096	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ETHEL M. HAZELWOOD - S/T/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 APRIL 1997 (904)-397-1797
Date Day in Month Year

CR2E034 (9/96)