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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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
RT 17 BROWN RD
BOX 166B UNIT 4
LAKE CITY FL 32055
US

Mailing Address
PO BOX 641
WHITE SPRINGS FL 32096
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1987

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26 ROUTE 20 - BOX 1092

Suite, Apt. #, etc.
27

City & State
28 LAKE CITY, FLORIDA

Zip 29 32055 Country 30 COLUMBIA

4. FEI Number
59-2793305
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes XX No

9. **Name and Address of Current Registered Agent**
HAZELWOOD, JULIAN
RT 17 BROWN RD
BOX 166B UNIT 4
LAKE CITY FL 32055

10. **Name and Address of New Registered Agent**
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

TITLE	PD	☐ DELETE
NAME	HAZELWOOD, JULIAN	
STREET ADDRESS	RT 1 STEPHEN FOSTER RD, PO BOX 641	
CITY-ST-ZIP	WHITE SPRINGS FL	
TITLE	STD	☐ DELETE
NAME	HAZELWOOD, ETHEL M.	
STREET ADDRESS	RT 1 STEPHEN FOSTER RD, PO BOX 641	
CITY-ST-ZIP	WHITE SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	XX Change ☐ Addition
1.2 NAME	HAZELWOOD, JULIAN	
1.3 STREET ADDRESS	ROUTE 20 - BOX 1092	
1.4 CITY-ST-ZIP	LAKE CITY, FLORIDA 32055	
2.1 TITLE	STD	XX Change ☐ Addition
2.2 NAME	HAZELWOOD, ETHEL M.	
2.3 STREET ADDRESS	ROUTE 20 - BOX 1092	
2.4 CITY-ST-ZIP	LAKE CITY, FLORIDA 32055	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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.

Ethel M. Hazelwood / STD

ETHEL M. HAZELWOOD STD

CR2E034 (10/97)