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	Mailing Address
RT 17 BROWN RD BOX 166B UNIT 4 LAKE CITY FL 32055 US	PO BOX 641 WHITE SPRINGS FL 32096 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 ROUTE 20 - BOX 1092
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LAKE CITY, FLORIDA
Zip 24 / Country 25	Zip 29 32055 / Country 30 COLUMBIA

3. Date Incorporated or Qualified: 02/27/1987
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	XX Change ☐ Addition
NAME	HAZELWOOD, JULIAN		1.2 NAME	HAZELWOOD, JULIAN	
STREET ADDRESS	RT 1 STEPHEN FOSTER RD, PO BOX 641		1.3 STREET ADDRESS	ROUTE 20 - BOX 1092	
CITY-ST-ZIP	WHITE SPRINGS FL		1.4 CITY-ST-ZIP	LAKE CITY, FLORIDA 32055	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	XX Change ☐ Addition
NAME	HAZELWOOD, ETHEL M.		2.2 NAME	HAZELWOOD, ETHEL M.	
STREET ADDRESS	RT 1 STEPHEN FOSTER RD, PO BOX 641		2.3 STREET ADDRESS	ROUTE 20 - BOX 1092	
CITY-ST-ZIP	WHITE SPRINGS FL		2.4 CITY-ST-ZIP	LAKE CITY, FLORIDA 32055	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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 STD

CR2E034 (10/97)