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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K06304

(5)

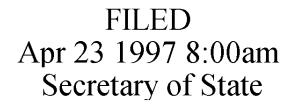
S.N.F., INC.

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Principal Place of Business

1323 SEASPRAY LANE SANIBEL FL 33957 Mailing Address

1323 SEASPRAY LANE SANIBEL FL 33957-2620





SANIBEL FL 339	957	SANIBEL FL 33957-2620							
						3. Date Incorporated or Qualified 12/10/1987		e of La 1/199	st Report
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0021527			Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			'5 Additional Required	
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip	Country	Zip	Co	untry	,	8. This corporation has liability for it	ntangible t	ax und	er s. 199.032,
24	25	29	30	_			Yes 돈		
	9. Name and Address of Curren	it Registered Agent		81	ı	10. Name and Address of New Reg	Istered A	gent	
GRANT, NICHARD C					Name				
	NWODY & COLE	COLE		Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
	RIDGEWOOD DR, STE 501			83					
NAPI	LES FL 33963			63					
				84	City		FL	85	Zip Code
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig.	of Florida, Such change was ations of, Section 607.0505, Fl	authoriz Iorida St	ed by atutes	y the corpor s.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appo	changii iintmen	ng its registered t as registered
	Signature, typed or printed name of registered ago				out signature rec	uired when reinstating)	DATE -	DIDEO	TODO IN 10
12. TITLE	OFFICERS AN	DELETE	13	HTLE		ADDITIONS/CHANGES TO OFFIC		Char	
NAME	NOLING, LAWRENCE			NAME			'		igo radiion
STREET ADDRESS	1323 SEASPRAY LANE				ADDRES\$				
CITY-ST-ZIP	SANIBEL FL				ST-ZIP				
TITLE	PO	DELETE		THLE	21-211			Char	nge Addition
NAME	SEDGEWICK, JAMES		2.2	NAME					
STREET ADDRESS	17056 MARINA COVE LN		2.3	STREET	ADDRESS				
CITY-ST-ZIP	FT MYERS FL		2. 4	CITY-	S1 - 71P	<u> </u>			
TITLE		☐ DELETE	3.1	TITLE			†	Char	nge 🔲 Addition
NAME			1	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE			ST - ZIP			Char	nge Addition
TITLE NAME				TITLE NAME				L UIRI	Me TI WOOMON
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CHY-S					
TITLE		DELETE		TITLE	···			Char	nge Addition
NAME				NAME					
STREET ADDRESS					AODRESS				
CITY-ST-ZIP			5.4	CITY-S	ST - ZIP				
TITLE .		☐ DELETE	6.1	TITLE				Char	nge Addition
NAME			6.2	NAME	ļ				
STREET ADDRESS			6.3	STREET	1 ADDRESS				
CITY-ST-ZIP			6.4	CITY - 5	ST-ZIP				

14. I do hereby certily 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 eath; 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

11/11/00 941-0