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

APPROVED AND FILED
95 APR 27 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K07516 (3)

1. Corporation Name
HIS & HERS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
13810 COUNTY ROAD 448 P.O. BOX 1233 TAVARES FL 32778 US	PO BOX 1233 P.O. BOX 1233 TAVARES FL 32778-233 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1987
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26 P. O. BOX 1233
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 TAVARES, FLORIDA
24 Zip / 25 Country	29 32778-1233 / 30 U.S.A.

4. FEI Number: 59-2861086 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

SNYDER, JAMES S.
1700 NORTH CT
EUSTIS FL 32726

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	1.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, JAMES S.	1.2 NAME	
STREET ADDRESS	1700 NORTH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	FODRIE, FRANKIE C	2.2 NAME	DELETE THIS OFFICER WITH NO REPLACEMENT
STREET ADDRESS	215 MORNINGSIDE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	FODRIE, KIM MARIE	3.2 NAME	
STREET ADDRESS	215 MORNINGSIDE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, BARBARA	4.2 NAME	
STREET ADDRESS	1700 NORTH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, KERRI L.	5.2 NAME	
STREET ADDRESS	1700 NORTH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, KEVIN J.	6.2 NAME	
STREET ADDRESS	1702 BELMONT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	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: James S Snyder 4/24/95 (904) 343-6825
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES S. SNYDER

0415922 FP