

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K07516 (3)

1. Corporation Name

HIS & HERS ENTERPRISES, INC.



Principal Place of Business

13810 COUNTY ROAD 448
P.O. BOX 1233
TAVARES FL 32778
US

Mailing Address

P. O. BOX 1233
P.O. BOX 1233
TAVARES FL 32778-1233
US

3. Date Incorporated or Qualified

12/16/1987

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **27518-A COUNTY ROAD 561**

26

4. FEI Number

59-2861086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

TAVARES, FLORIDA

28 City & State

24 Zip

32778

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNYDER, JAMES S.
1700 NORTH CT
EUSTIS FL 32726**

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 607.1506, 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 or officer, if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
SNYDER, JAMES S.**
STREET ADDRESS **1700 NORTH CT**
CITY-ST-ZIP **EUSTIS FL**

TITLE ☐ DELETE

NAME **V
FODRIE, KIM MARIE**
STREET ADDRESS **215 MORNINGSIDE AVE**
CITY-ST-ZIP **LADY LAKE FL**

TITLE ☐ DELETE

NAME **SD
SNYDER, BARBARA**
STREET ADDRESS **1700 NORTH COURT**
CITY-ST-ZIP **EUSTIS FL**

TITLE ☐ DELETE

NAME **AS
SNYDER, KERRI L.**
STREET ADDRESS **1700 NORTH COURT**
CITY-ST-ZIP **EUSTIS FL**

TITLE ☐ DELETE

NAME **T
SNYDER, KEVIN J.**
STREET ADDRESS **1702 BELMONT AVE**
CITY-ST-ZIP **EUSTIS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

DATE

(352) 343-6825

OFFICE PHONE

CR2E034 (12/95)