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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
27518 A CR 561
P.O. BOX 1233
TAVARES FL 32778
US

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



2. Principal Place of Business
21 27518-A C.R. 561
Suite, Apt. #, etc.
22 City & State
23 TAVARES, FLORIDA
Zip Country
24 32778-1233 U.S.A.

2a. Mailing Address
26 P. O. BOX 1233
Suite, Apt. #, etc.
27 City & State
28 TAVARES, FLORIDA
Zip Country
29 32778-1233 U.S.A.

3. Date Incorporated or Qualified 12/16/1987
3a. Date of Last Report 04/25/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ 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 fee 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	
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	
NAME	FODRIE, KIM MARIE	2.2 NAME	
STREET ADDRESS	215 MORNINGSIDE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SNYDER, BARBARA	3.2 NAME	
STREET ADDRESS	1700 NORTH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	AS
NAME	SNYDER, KERRI L.	4.2 NAME	SPENCER, KERRI L.
STREET ADDRESS	1700 NORTH COURT	4.3 STREET ADDRESS	1539 CRICKET CLUB CIRCLE-# 208
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32828
TITLE	T	5.1 TITLE	
NAME	SNYDER, KEVIN J.	5.2 NAME	
STREET ADDRESS	1702 BELMONT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

JAMES S. SNYDER

James S. Snyder

4/10/97 352-343-6825

CR2E034 (9/96)