

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L94489** (6)
1. Corporation Name
SNIDER CUSTOM HOMES, INCORPORATED



Principal Place of Business 269 ROSEMARY ST PORT CHARLOTTE FL 33954 US	Mailing Address 269 ROSEMARY STREET PORT CHARLOTTE FL 33954 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 270 Rosemary St. Suite, Apt. #, etc.		2a. Mailing Address 26 270 Rosemary St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/25/1990	
22 City & State 23 Port Charlotte Fla		27 City & State 28 Port Charlotte, Fla.		4. FEI Number 65-0213882	
24 33954		29 33954		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Charlotte		30 Charlotte		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SNIDER, DENNIS KEITH 269 ROSEMARY ST PORT CHARLOTTE FL 33954				10. Name and Address of New Registered Agent	

81 Name MARY S. SNIDER
82 Street Address (P.O. Box Number is Not Acceptable) 270 ROSEMARY ST.
83
84 City Port Charlotte
85 Zip Code FL 33954

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 **MARY S. SNIDER** Res. Agent, Pres. DATE **1-10-98**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	S/T
NAME	REDMON, SHELLY D	1.2 NAME	Shelly D. REDMON
STREET ADDRESS	269 ROSEMARY ST	1.3 STREET ADDRESS	2138 Willoughby St
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte Fla 33952
TITLE	D	2.1 TITLE	P/V
NAME	SNIDER, MARY STELLA	2.2 NAME	SNIDER Mary stella
STREET ADDRESS	269 ROSEMARY ST	2.3 STREET ADDRESS	270 Rosemary St
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Port Charlotte FL
TITLE		3.1 TITLE	V/M
NAME		3.2 NAME	Walter William Kashian
STREET ADDRESS		3.3 STREET ADDRESS	1210 McConry St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	North Port, Fla. 34287
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **Mary S. Snider** **MARY S. SNIDER** 1/10/98 941-637-1876

CR2E034 (10/97)