02-10-1999 90035 001 ***150.00

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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L94489

SNIDER CUSTOM HOMES, INCORPORATED

incipal Place of Business	Mailing Address
D ROSEMARY ST IRT CHARLOTTE FL 33954	270 ROSEMARY ST PORT CHARLOTTE FL 33954 US

00		00				50	MOI MINITE IN THIS	STACE		
						3. Date Incorporated or Qualifed 07/25/1990				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		pplied For	\dashv	
21	26					65-0213882			lot Applicable	- 1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				3 2 13 13 11 11				┥.;
22 27 City & State City & State						5. Certifcate of Status Desired \$8.75 Addition Fee Required				
						6. Election Campaign Financing \$5.00 May Be				
23 Zip.	Country	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible				
24 25 29 9. Name and Address of Current Registered Agent			30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent		04 1		10. Name and Address	of New Registered	Agent		4
SNII	DER, MARY S			81 Na	ame					
270 ROSEMARY ST				82 Street Address (P.O. Box Number is Not Acceptable)						
	RT CHARLOTTE FL 33954									
POR	II OHARLOTTE FL 33334		ļ	83						
			j	84 Ci	itv	****		85 Zip	Code	4
				- 1	•		FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the at	ove-nar	med corpor	ation submits this stateme	nt for the purpose of o	hanging it	s registered	1
Onice or i	registered agent, or both, in the State of m familiar with, and accept the obligation	rionua. Such change was auf	ınorızea	DV the (corporation'	is poard of directors. I her	eby accept the appoin	tment as re	egistered	
SIGNATURE	•					•			• '	
	Signature, typed or printed name of registered agent a		Registered	Agent signa	ature required w	when reinstating)	DATE		·	1 =
12.	OFFICERS AND	D DIRECTORS 13.				ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECT	ORS IN 12] 8
TITLE	ST	☐ DELETE	1.1 TIT	LE		16.16.16.16.16.16.16.16.16.16.16.16.16.1		☐ Change	☐ Addition	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NAME	REDMON, SHELLY D		1.2 NA	ME						2
STREET ADDRESS	2138 WILLOUGBY ST		1.3 STR		RESS					6
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	1.4 CIT		Y-ST-ZIP						150
TITLE	PV	☐ DELETE	2.1 TIT	LE				☐ Change	Addition	ן כ
NAME	SNIDER, MARY STELLA		2.2 NAMI		ļ			=		
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS		• •				
CITY-ST-ZIP	DOOT OUADLOTTE EL			Y-ST-ZIP		•				
TITLE	"VM., 48.77.	☐ DELETE				***		Change	Addition	1
NAME	KASHIAN, WILLIAM WALTER	5 (C) 1 (C)		Æ	ļ	• •				
STREET ADDRESS	1000 ODV OT			EET ADDR	RESS	_				
CITY-ST-ZIP	NORTH PORT FL 32428		3.4. CIT			二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		医侧 超		
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NAME.		•	4, 2 NA	-	-					عنت .
STREET ADDRESS	randa di salah di sa			EET ADDR	eese					
CITY-ST-ZIP				/-ST-ZIP						}
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STREET ADDRESS				EET ADDR	ESS	The second of the second of	or the state of the t	ro Till La	1 1 1 1 1 1	
CITY-ST-ZIP	\$\hat{\chi}		1	-ST-ZIP						13
TITLE		DELETE	6.1 TITL			*,		Change	CT Addition	ļ.,
NAME			6.2 NAM					☐ change	Addition	1
STREET ADDRESS	• , , • • •		1		ree				•	1
i				EET ADORI	£33					
CITY-ST-ZIP	erify that the information cupolied with t	Ala filia a de la	6.4 CITY	-ST-ZIP]

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, with all other like empowered.

SIGNATURE:

941-637-1976