## 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

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90118 040 \*\*\*158.75

	1000				]			
DOCUMENT # M27823								
1. Corporation Name SNOW BUILDERS & DEVELOPMENT, INC.								
SNOW	OILDENS & DEVLLOT WIL	.141, 1140-				189		DI 41811 ( <b>11</b> 1
Principal Place	of Business	Mailing Address			-		8)1 @1811 @1 <b>@</b> 31 @1.	011 \$1811 FOOT
3100 S DIXIE H	WY .	3100 S DIXIE HWY						
A-35 A-35 TOCA PATCAL EL 22422				DO NOT WRI	TE IN THIS :	SPACE		
BOCA RATON FL 33432 BOCA RATON FL 33433 US US		BOCA RATON FL 33432 US			Date Incorporated or Qualifed	10 111 1110		
00		••			02/25/1986			
2. Principal Pi	ace of Business	2a. Mailing Address	P. O.	1	4. FEI Number		<del></del>	lied For
21 6730	Blue BAY Circle		BAY CIRC	<u>le</u>	65-0036103			Applicable
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.	/		5. Certifcate of Status Desired	X	\$8.75 Ac	
City & State		City & State	<del></del>		6. Election Campaign Financing		\$5.00 1	
23 LAKE	13 11 6/ -11	28 LAKE WORTH	FloRida	مر	Trust Fund Contribution		Added to	- (
Zip	Country /	Zip	Country,		8. This corporation owes the cur	ent year Inta	ngible	
24 334		2h 29 33467 30	PAIM Be	zch.	Personal Property Tax.		<del></del>	QNo
	9. Name and Address of Cur	rent Registered Agent	81 Name		10. Name and Address of New	Registered /	Agent	
SNO	W, GARY W			G	ARY W. SNOW			
6791	82 Street	Addre	ss (P.O. Box Number is Not Accept	incle				
TRE	83	<u> </u>	20 /2/4 /2/17 C	Zi.l.				
	•		04 63				85 Zip C	ode
			84 City	LA	ike Worth	F <u>L</u>	333	ode 467
11. Pursuant	to the provisions of Sections 607	ration submits this statement for the i's board of directors. I hereby acce	purpose of	changing its required	egistered istered			
onice or n agent. I a	egistered argent, or both, in the Spann familial with, and accept the ob-	ligations of, Section 607.0505, Florida	a Statutes.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13 00012 01 011001010. 7 1107027 2220	1100		
SIGNATURE	100 11. DA	rue/	rgistered Agent signature re		4/	28/17		
12.	<del></del>	agent and title if applicable. (NOTE: Re AND DIRECTORS	13,	adanea	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	DP OFFICE	☐ DELETE		DP				
NAME	SNOW, GARY W.		1.2 NAME	$G \wedge$	IRY W. SNOW 130 Blue BAY C Ake Worth, F	incle	ı	
STREET ADDRESS	6791 NW 160TH ST		1.3 STREET ADDRESS	67	30 Blue 1017	1	_ 27	41.7
CITY-ST-ZIP	TRENTON FL		1.4 CITY-ST-ZIP		ake Worth, E	lokla	Change	Addition
TITLE		☐ DELETE	2.1 TITLE		•		☐ Change	L Addition
NAME			2.2 NAME					]
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	_			Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					F-3 + 1 1/2
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					}
STREET ADORESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<u> </u>			Change	Addition
TITLE NAME			5.2 NAME				-	
STREET ADDRESS			5.3 STREET ADDRESS					)
CITY-ST-ZIP			5.4 CITY-ST-ZIP	L.				
TITLE		DELETE	6.1 TITLE		. — —		Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
	1		= 64 COV CT 7ID					

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 of supplemental appears in 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 tristee 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 attackment with an address, with all other like empowered.

SIGNATURE: