


**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90065 048 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000001796**

1. Corporation Name

**THE SNOOK FOUNDATION, INC.**

Principal Place of Business

1600 KEN THOMPSON PKWY.  
SARASOTA FL 34236

Mailing Address

1600 KEN THOMPSON PKWY.  
SARASOTA FL 34236

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/27/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0839514	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				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

HULL, PETER T  
 1600 KEN THOMPSON PKWY.  
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	1.1 TITLE	Director
NAME	HULL, PETER T	1.2 NAME	
STREET ADDRESS	1600 KEN THOMPSON PKWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	V D	2.1 TITLE	Director
NAME	LEBER, KENNETH M	2.2 NAME	
STREET ADDRESS	1600 KEN THOMPSON PKWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	
TITLE	ST D	3.1 TITLE	Director
NAME	SERFLING, STEVEN	3.2 NAME	
STREET ADDRESS	1600 KEN THOMPSON PKWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	
NAME	HANSEN, DONALD	4.2 NAME	
STREET ADDRESS	1219 HOTIYEE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	MOTE, WILLIAM R	5.2 NAME	
STREET ADDRESS	603 LONGBOAT CLUB WAY, APT. 1101N	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34228	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D
NAME		6.2 NAME	JOHN MILLER
STREET ADDRESS		6.3 STREET ADDRESS	NCSU Zoology Dept., Box 7617, Clark Labs
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Raleigh, NC 27695-7617

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 617, 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

Daytime Phone #

CR2E037 (1/98)