

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000005356

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** SNELLGROVE CONSTRUCTION, INC.

**Current Principal Place of Business:**

5174 PALE MOON DRIVE  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

5846 UCITA AVENUE  
UNIT B  
PENSACOLA, FL 32507 US

**Current Mailing Address:**

PO BOX 34340  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 59-2700856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNELLGROVE, ROBERT B  
5174 PALE MOON DRIVE  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

SNELLGROVE, ROBERT B  
5846 UCITA AVENUE  
UNIT B  
PENSACOLA, FL 32507 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT B. SNELLGROVE

10/06/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SNELLGROVE, ROBERT B  
Address: 5846 UCITA AVENUE UNIT B  
City-St-Zip: PENSACOLA, FL 32507

Title: T  
Name: SNELLGROVE, DIXIE  
Address: 5846 UCITA AVENUE UNIT B  
City-St-Zip: PENSACOLA, FL 32507

Title: V  
Name: SNELLGROVE, JONATHAN A  
Address: 5846 UCITA AVENUE UNIT B  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT B SNELLGROVE

D

10/06/2014

Electronic Signature of Signing Officer or Director

Date