


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90087 048 ***150.00

06-10-1999 90047 014 *****8.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P92000005147

1. Corporation Name

SNOWSHOE DEVELOPMENT CORP.

Principal Place of Business

 361-N ASPEN RIDGE LN
 EDWARDS CO 81632
 US

Mailing Address

 P O BOX 467
 C/O BORNE
 EDWARDS CO 81632
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

11/12/1992

4. FEI Number

58-2019057

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

 \$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~ADAMSON, JAMES~~
~~4804 PINAR DRIVE~~
~~SUITE 935~~
~~BRADENTON FL 34210~~

10. Name and Address of New Registered Agent

 81 Name **ROBERT FARRANCE**
 82 Street Address (P.O. Box Number is Not Acceptable)
MCGUIRE, PRATT, MASIO, FARRANCE
 83 **1001 3RD AVE W. Suite 600**
 84 City **BRADENTON** FL 85 Zip Code **34205**

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

ROBERT FARRANCE

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

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

 TITLE **PD**
 NAME **BORNE, ROBERT**
 STREET ADDRESS **361-N ASPEN RIDGE LN**
 CITY-ST-ZIP **EDWARDS CO 81632**
☐ DELETE

 TITLE **S**
 NAME **BORNE, JANE**
 STREET ADDRESS **361-N ASPEN RIDGE LN**
 CITY-ST-ZIP **EDWARDS CO 81632**
☐ DELETE

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

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 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ DELETE

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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 807, 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 **JANE BORNE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

 4/21/99 (970) 926 5773
 Telephone Phone #

CR2E034 (1/98)