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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044364 (6)

1. Corporation Name

SNYDER OVEN REPAIR, INC.

Principal Place of Business

1526 N HUDSON STREET
ORLANDO FL 32808

Mailing Address

1526 N HUDSON STREET
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1993

4. FEI Number

59-3189238

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1350 Shreeker Rd

Suite, Apt. #, etc.

22 City & State

23 Apopka, FL

24 Zip

25 32703

Country

26 Orange

2a. Mailing Address

26 P.O. Box 1224

Suite, Apt. #, etc.

27 City & State

28 Apopka, FL

29 Zip

30 32704

Country

31 Orange

9. Name and Address of Current Registered Agent

SNYDER, KENNETH
1526 N HUDSON STREET
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

82 Kenneth Snyder
Street Address (P.O. Box Number is Not Acceptable)

83 114 Knightswood Dr.

84 City

85 Apopka

FL

86 Zip Code

87 32712

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME SNYDER, KENNETH E.
STREET ADDRESS 1526 N HUDSON ST
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

VP
NAME SNYDER, AMBER E.
STREET ADDRESS 1526 N HUDSON ST
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

D
NAME BLACK, HARRY E.
STREET ADDRESS 2861 CITRON DR
CITY-ST-ZIP LONGWOOD FL

TITLE ☒ DELETE

T
NAME PHILLIPS, AMBER E.
STREET ADDRESS 1526 N. HUDSON ST
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0092668

CR2E034 (10/97)