Mailing Address

APOPKA FL 32704

P O BOX 1224

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044364

1. Corporation Name

Principal Place of Business

1350 SHEELER RD

APOPKA FL 32703

SNYDER OVEN REPAIR, INC.

2. Principal Place of Business 2a. Mailing Address 59-3189238 Not Applied For 1 Not Applied For								3.	Date Incorporated or Qualife	d		
Suite, Apt. #. etc. S. Certificate of Status Desired \$8.75 Additional Status City & State City & State City & State S. Certificate of Status Desired \$8.75 Additional Status City & State City & State S. Certificate of Status Desired \$8.75 Additional Status City & State S. Certificate of Status Desired \$8.75 Additional Status City & State S. Certificate of Status Desired \$8.75 Additional Status City & State S. Certificate of Status Desired \$8.75 Additional Status City & S. This corporation owes the current year intangible Personal Property Tax. Yes No. N	· · · · · · · · · · · · · · · · · · ·		- 1 - 14 71					+-	07/01/1993			noliced For
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City & State 2	<u> </u>							5.	Certifcate of Status Desired			
Zip								-	Election Campaign Financin	g ==	\$5.00	May Be
Zip Country Zip Country Agent State Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SNYDER, KENNETH 414 KIBGHTSW0OD DR 82 Street Address (P.O. 8ox Number is Not Acceptable) 84 City FL 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent agent and time if applicable. (NOTE: Registered Agent signature required when registating) DATE 12.									• •	اليا *		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SNYDER, KENNETH 414 KIBGHTSWOOD DR APOPKA FL 32712 83 84 City FL 85 Zip Code 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 agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title of Agent Section 607,0505, Florida Statutes. 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title of Agent Section 607,0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SNYDER, KENNITH E. 12. NAME SNYDER, KENNITH E. 12. NAME 12. VP DELETE 13. TITLE Change Addition Addition SNYDER, MABER E. 12. Wake 13. SIREET ADDRESS ORLANDO FL TITLE VP Change Addition Change Addition Addition Addition SNYDER, ARRY E. 31. SIREET ADDRESS ORLANDO FL Change Addition Change Addition Addition Addition SNYDER, ARRY E. 31. SIREET ADDRESS ORLANDO FL Change Addition Change Addition Addition Change Addition Addition Change Chang		Country			Coun	try		R	This corporation owes the co	urrent vear Inte	angible	***
9. Name and Address of Current Registered Agent 81 Name SNYDER, KENNETH 414 KIBGHTSWOOD DR APOPKA FL 32712 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 Zip Code 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, hyped or printed name of regetered agent and time if approache. (NOTE Registered Agent signature required when reimstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P DELETE 11. TITLE P DELETE 12. NAME CHANGES CHY. ST. ZP CHANGE CHY. ST. ZP CH	24		29]	30			Ŭ.	•			□No
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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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

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STREET ADDRESS

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TITLE

NAME

TITLE

NAME

DELETE

DELETE

☐ Change

Change

Addition

☐ Addition

May 10, 1999 8:00 am Secretary of State

05-10-1999 90200 013 ***150.00

DO NOT WRITE IN THIS SPACE