

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000078940 (2)

1. Corporation Name

S N P ENTERPRISES, INC.



Principal Place of Business

7519 PASPALUM  
PUNTA GORDA FL 33983

Mailing Address

7519 PASPALUM  
PUNTA GORDA FL 33983

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified  
11/04/1993

3a. Date of Last Report  
04/28/1995

4. FEI Number

65-0440036

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

STAFIDAS, SUSAN P  
7519 PASPALUM  
PUNTA GORDA FL 33983

81

Name

82

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

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 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 or director) (Block 12)

(If 30th Registered Agent signature is required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME STAFIDAS, SUSAN P  
STREET ADDRESS 7519 PASPALUM  
CITY-ST-ZIP PUNTA GORDA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1

TITLE

2

NAME

3

STREET ADDRESS

4

CITY-ST-ZIP

5

TITLE

6

NAME

7

STREET ADDRESS

8

CITY-ST-ZIP

9

TITLE

10

NAME

11

STREET ADDRESS

12

CITY-ST-ZIP

13

TITLE

14

NAME

15

STREET ADDRESS

16

CITY-ST-ZIP

17

TITLE

18

NAME

19

STREET ADDRESS

20

CITY-ST-ZIP

21

TITLE

22

NAME

23

STREET ADDRESS

24

CITY-ST-ZIP

25

☐ Change

☐ Addition

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☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_

*Susan P. Stafidas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

941-6372627

Date

Signature Page #

CR2E034 (12/95)