

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000079060 (8)
 1. Corporation Name
DONALD R. SNAPP JR. SRA, INC.



Principal Place of Business 1815 KAREN BLVD SEBRING FL 33870 US	Mailing Address 1815 KAREN BLVD SEBRING FL 33870-7822 US
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2. Principal Place of Business 21 720 N RIDGEWOOD DR Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 51 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 12/31/1993	3a. Date of Last Report 04/25/1996
23 City & State SEBRING FL	28 City & State SEBRING FL	4. FEI Number 65-0455769	Applied For <input type="checkbox"/> Not Applicable
24 Zip 33870	25 Country	29 Zip 33871	30 Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SNAPP, BARBARA T 1815 KAREN BLVD SEBRING FL 33870				10. Name and Address of New Registered Agent			
				81 Name	SAME		
				82 Street Address (P.O. Box Number is Not Acceptable)	720 N RIDGEWOOD DRIVE		
				83			
				84 City	SEBRING	85 Zip Code FL 33870	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNAPP, DONALD R	1.2 NAME	SAME
STREET ADDRESS	1815 KAREN BLVD.	1.3 STREET ADDRESS	720 N RIDGEWOOD DRIVE
CITY-ST-ZIP	SEBRING FL 33872	1.4 CITY-ST-ZIP	SEBRING FL 33870
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNAPP, BARBARA T	2.2 NAME	SAME
STREET ADDRESS	1815 KAREN BLVD.	2.3 STREET ADDRESS	720 N RIDGEWOOD DRIVE
CITY-ST-ZIP	SEBRING FL 33872	2.4 CITY-ST-ZIP	SEBRING FL 33870
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 **DONALD R. SNAPP JR** DATE **APR 21 1997** OFF. **33870-4512**

CR2E034 (9/96)