

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

FILED
May 04 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 # P93000079060 (8)

1. Corporation Name

DONALD R. SNAPP JR. SRA, INC.

Principal Place of Business

Mailing Address

~~730 N RIDGEWOOD DR~~
~~SEBRING FL 33870~~
US

P.O BOX 51
SEBRING FL 33871
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	3100 MONZA DRIVE	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	SEBRING FL	28	
Zip		Country	
24	33872	29	
Country		30	
25	HIGHLANDS		

3. Date Incorporated or Qualified	
12/31/1993	
4. FEI Number	Applied For
65-0455769	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.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SNAPP, BARBARA T 720 N RIDGEWOOD DR SEBRING FL 33870		81 Name SNAPP BARBARA T	
		82 Street Address (P.O. Box Number is Not Acceptable) 3100 MONZA DRIVE	
		83	
		84 City SEBRING FL 85 Zip Code 33872	

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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNAPP, DONALD R	1.2 NAME	
STREET ADDRESS	720 N RIDGEWOOD DR	1.3 STREET ADDRESS	3100 MONZA DRIVE
CITY - ST - ZIP	SEBRING FL	1.4 CITY - ST - ZIP	SEBRING FL 33872
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNAPP, BARBARA T	2.2 NAME	
STREET ADDRESS	720 N RIDGEWOOD DR	2.3 STREET ADDRESS	3100 MONZA DRIVE
CITY - ST - ZIP	SEBRING FL	2.4 CITY - ST - ZIP	SEBRING FL 33872
TITLE		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		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		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		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 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. DONALD R. SNAPP JR. - 4-27-98 294-385-4512

CR2E034 (10/97)