

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT #** P94000020936  
1. Corporation Name

**SNYDER TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

**4418 Kelly Rd  
#3  
Tampa FL 33616**

**4418 Kelly Rd.  
#3  
Tampa FL 33615**

2. Principal Place of Business

2a. Mailing Address

**21 1992 Bonnie Court**  
Suite, Apt. #, etc.

**26 1992 Bonnie Court**  
Suite, Apt. #, etc.

**22 City & State  
23 Dunedin FL**

**27 City & State  
28 Dunedin FL**

**24 Zip Country  
34698 Pinellas**

**29 Zip Country  
30 34698 Pinellas**

9. Name and Address of Current Registered Agent

**Richard A. Bolek  
1992 Bonnie Court  
Dunedin FL 34698**

3. Date Incorporated or Qualified

**03/17/94**

3a. Date of Last Report

**3/24/95**

4. FEI Number

**59-3230936**

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

10. Name and Address of New Registered Agent

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

*Richard A. Bolek*

**RICHARD A. BOLEK** UP

**6/10/96**

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Pres/D  
Sharon Snyder  
1992 Bonnie Ct.  
Dunedin, FL 34698**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V-P/D  
Richard A. Bolek  
1992 Bonnie Ct.  
Dunedin FL 34698**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP**

**300001872613  
-06/24/96--01022--030  
\*\*\*225.00**

**6-21-96**

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:

*Richard A. Bolek*

**RICHARD A. BOLEK** UP

**8/13 733-7633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Display Phone #

CR2E034 (12/95)