

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000058532 (0)**

1. Corporation Name

SNACK DISTRIBUTORS NETWORK, INC.



Principal Place of Business

**2952 FORSYTHE ROAD
WINTER PARK FL 32792**

Mailing Address

**2952 FORSYTHE ROAD
WINTER PARK FL 32792**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

11/01/1995

4. FEI Number

**02-1575914
APPLIED FOR**

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

**SOBERING, GRAY & WHITE, P.A.
201 S. ORANGE AVE.
STE. 760
ORLANDO FL 32801**

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 of type for printed name of the registered agent and the corporation

(The Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PUCINELLI, TONY	
STREET ADDRESS	607 LICKING HOLE ROAD	
CITY-ST-ZIP	ASHLAND VA 23005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYER, ANDY	
STREET ADDRESS	6916 VALJEAN AVENUE	
CITY-ST-ZIP	VAN NUYS CA 90406	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUNER, RICHARD	
STREET ADDRESS	2952 FORSYTHE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEMENS, TIM	
STREET ADDRESS	RELIACE & WILE AVENUE	
CITY-ST-ZIP	SOUNDERTON PA 18964	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCKHILL, PETE	
STREET ADDRESS	1617 HENDRICKS AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUNER, RICHARD	
STREET ADDRESS	2952 FORSYTHE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200001741182
-03/13/96--01038--019
*****200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

407-671-0152

Date

Daytime Phone #

CR2E034 (12/95)