

3-26-98 B 3746 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 26 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

62-1575914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GRAY, DWAYNE  
135 W CENTRAL BLVD  
1100  
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PUCINELLI, TONY  
STREET ADDRESS  
607 LICKING HOLE ROAD  
CITY-ST-ZIP  
ASHLAND VA 23005

TITLE ☐ DELETE

NAME  
BYER, ANDY  
STREET ADDRESS  
6916 VALJEAN AVENUE  
CITY-ST-ZIP  
VAN NUYS CA 90406

TITLE ☐ DELETE

NAME  
LAUNER, RICHARD  
STREET ADDRESS  
2952 FORSYTHE ROAD  
CITY-ST-ZIP  
WINTER PARK FL 32792

TITLE ☒ DELETE

NAME  
CLEMENS, TIM  
STREET ADDRESS  
RELIACE & WILE AVENUE  
CITY-ST-ZIP  
SOUNDERTON PA 18964

TITLE ☐ DELETE

NAME  
ROCKHILL, PETE  
STREET ADDRESS  
1617 HENDRICKS AVE.  
CITY-ST-ZIP  
JACKSONVILLE FL 32207

TITLE ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

RICHARD S. LAUNER

3-23-98

407-671-0152

CR2E034 (10/97)