FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- CORPORATION ANNUAL REPORT
1995 Amended

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

DOCUMENT # P94000058949

1. Corporation Name
JR. Snacker, Inc.

Principal Place of Business
931 State Road 434 sta 172
Altamonte Springs FL 32714

Mailing Address
-SAME-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Aug 1994
3a. Date of Last Report: Feb. 1 1995

2. Principal Place of Business
21 931 S.R. 434
22 Suite, Apt. #, etc. 172
23 City & State: Altamonte Springs FL
24 Zip: 32714
25 Country: Seminole

2a. Mailing Address
26 931 S.R. 434
27 Suite, Apt. #, etc. #172
28 City & State: Altamonte Springs FL
29 Zip: 32714
30 Country: Seminole

4. FEI Number: 59-3259039 ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: CT Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President Everett L. Whaley 3724 So. Lake Orlando Pkwy. Orlando, FL 32808	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	President Everett L. Whaley 3724 So Lake Orlando Pkwy Orlando, FL 32808 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	400001445044 -03/31/95--01054--021 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition 2nd 3-28

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)(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, added or an attachment with an address.

SIGNATURE: Everett L. Whaley Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR
Everett L. Whaley - President

3/10/95 (401) 245-7321
Date Daytime Phone #