SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR SEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000003371 (8) SNAP + CO. INC Principal Place of Business Mailing Address 3513 BLUE JAY DRIVE 3513 BLUE JAY DRIVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 3. Date incorporated or Qualified 3a. Date of Last Report 01/10/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 Yes [Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GIAMANCO, JOSEPH JR 3513 BLUE JAY DRIVE Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** R3 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dior posite tinance of registerical agent and title it applicable (NOTE Registered Agent signature required when reinstaning) TIALL 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)President DELETE TITLE 1.1 TITLE Change Addition NAME 1.2 NAME CR2E034 3513 Blue Juy Drive Punta Gorda, FL 33 STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 14 OITY - ST - ZIP TITLE 2 1 TITLE Change Addition NAM! 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE TITLE 31 TIDE Change Add tion NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CHTY-ST-ZIP TITLE DELETE 4.1 THE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 44 CITY - ST - ZiP TITLE DELETE 5.1 100 £ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP 00000188884@inge | Addition TITLE DELETE 61 TITLE NAME 62 NAME -07/10/96--01012--003 ***225.00 STREET ADDRESS 6.3 STREET ADDRESS. CITY - ST- 2IP 64 CITY - ST - ZIP 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 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 logal effect 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 617, Florida Statute.

13 if changed for on an attachment with an address

Joseph Giamanco Jr. 6/18/96 (941)275-5752

SIGNATURE: