## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT #

P95000003371 (8)

SNAP + CO, INC

Principal Place of Business	Mailing Address
3513 RITIE TAY DRIVE	2512 DILLE IAV DOME

## **FILED** Jan 30 1998 8:00am Secretary of State



R2E034

PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0556859 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIAMANCO, JOSEPH JR 3513 BLUE JAY DRIVE Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** 83 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TOLE Change GIAMANCO, JOSEPH JR NAME 1.2 NAME STREET ADDRESS 3513 BLUE JAY DRIVE 1.3 STREET ADDRESS PUNTA GORDA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE \_\_ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C -ST-ZIP DELETE TITLE Change Addition 6.1 NAME 6.2 STREET ADDRESS 6.3 T ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the eindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an s report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY - ST - ZIP

4/98