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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500003371

SNAP +	CO, INC							
Principal Plac	e of Business	Mailing Address				t 10031001 film total billi 40014 molfo oblik out		HERRI (1881)
3513 BLUE JAY DRIVE 3513 BLUE JAY DRIVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950								
						DO NOT WRITE IN TH	IS SPACE	
	,				3	3. Date Incorporated or Qualifed 01/10/1995		
2. Principal P	Place of Business	2a. Mailing Address			4	I. FEI Number	Ar	oplied For
21		26				65-0556859	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27				certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State			6	5. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zíp	Country	Zip C	ountry	,	8	3. This corporation owes the current year I	ntangible	
24	25	29 30				Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10	D. Name and Address of New Registere	d Agent	
CIAA	AANCO JOSEDII ID		81	Name				
GIAMANCO, JOSEPH JR 3513 BLUE JAY DRIVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PUNTA GORDA FL 33950			83				3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	in the late
								8. 139
				City		F	85 Zip (Code
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations of the section of t	02 and 607,1508, Florida Statutes, the of Florida. Such change was authorizations of, Section 607,0506, Florida St	aboved by atutes	e-named co the corpora	orporation ation's b	on submits this statement for the purpose of coard of directors. I hereby accept the app	of changing its pintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Register	ed Ager	nt signature requ	uired when	n reinstating) DATE		
12.		ND DIRECTORS 1:				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE ·	DELETE 1.1 T		TITLE				☐ Change	☐ Addition
NAME			NAME					ļ
STREET ADDRESS			STREE	TADDRESS				i
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE		☐ DELETE 2.1	TITLE				☐ Change	☐ Addition
NAME		. 22	NAME					
STREET ADORESS	2.3 \$		STREE	T ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE	ser of	☐ DELETE 3.1	TITLE				Change	☐ Addition
NAME	A STATE OF THE STA	3.2	NAME					
STREET ADDRESS	A CONTRACTOR	3.3	STREE	FADDRESS		•		1.00
CITY-ST-ZIP		···	. CITY-S	T-ZIP		·		₹ 3 \ ; ·
TITLE			TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS	1		4.3 STREET ADDRESS					
CITY-ST-ZIP				T-ZIP				Addition
TITLE			TITLE NAME			>	Change	☐ Addition
NAME:			* NAME:			·		

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 chapter, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

☐ DELETE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90065 045 ***150.00

Daytime Phone #

☐ Change

Addition