

# FILE NQW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000004339 (4)**

1. Corporation Name

**SNACK HOUSE, INC.**



Principal Place of Business

**% 1536 ROSADA WAY  
FT. MYERS FL 33902**

Mailing Address

**% 1536 ROSADA WAY  
FT. MYERS FL 33902**

3. Date Incorporated or Qualified

**01/18/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number:

**65-0668639**

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

**ELLIS, J. WINFORD  
1536 ROSADA WAY  
FT MYERS FL 33902**

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

*J. Winford Ellis*

Printed Name of Registered Agent (Required, change if existing)

DATE

**4-23-96**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **MURRAY, MICHAEL W**  
STREET ADDRESS **14231 BAY DR**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **Director & President** ☐ DELETE  
NAME **Ellis, J. Winford**  
STREET ADDRESS **1536 Rosada Way**  
CITY-ST-ZIP **Ft. Myers, FL 33901**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 NAME ☐ Change ☐ Addition

21 STREET ADDRESS

24 CITY-ST-ZIP

3 NAME ☐ Change ☐ Addition

31 STREET ADDRESS

34 CITY-ST-ZIP

4 NAME ☐ Change ☐ Addition

41 STREET ADDRESS

44 CITY-ST-ZIP

5 NAME ☐ Change ☐ Addition

51 STREET ADDRESS

54 CITY-ST-ZIP

6 NAME ☐ Change ☐ Addition

61 STREET ADDRESS

64 CITY-ST-ZIP

**800001866588**  
**-06/19/96--01030--029**  
**\*\*\*200.00**

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. 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:

*J. Winford Ellis*  
PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-96**  
Date

**941-332-0996**  
Telephone Number

CR2E034 (12/95)