

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000028289 (3)

1. Corporation Name

SNOW PEAK FOREST PRODUCTS, INC.



Principal Place of Business

HIGHWAY 100E  
LAKE CITY FL 32056  
US

Mailing Address

1010 IRONWOOD DRIVE  
SUITE A  
COEUR D'ALENE ID 83814-2645  
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 250 Northwest Blvd #200

Suite, Apt. #, etc.

27 Suite 208

City &amp; State

28 Coeur d'Alene ID

Zip Country

29 83814 30 US

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3307882

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VIRGIL, JAMES E  
333 41ST STREET  
SUITE 104  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

VIRGIL, JAMES E

82 Street Address (P.O. Box Number is Not Acceptable)

328 Minorca Ave, 2nd Floor

83

84 City

Coral Gables

FL

85 Zip Code  
33134

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0502, Florida Statutes.

SIGNATURE: JAMES E VIRGIL

Signature, typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

2/6/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME VIRGIL, JAMES M  
STREET ADDRESS 3900 NICKLAUS DRIVE  
CITY - ST - ZIP COEUR D' ALENE ID 83814TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE D/VP/S/T ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: MONYA G VIRGIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 208-765-7669

Date

Daytime Phone #

0508389

CR2E034 (9/96)