

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 JUL 31 AM 11:53

DOCUMENT # P95000054226 (2)

1. Corporation Name

SNIDER HOME BUILDERS, INC.

Principal Place of Business

Mailing Address

8585 LAKE FLORENCE BOULEVARD  
ORLANDO FL 32818

P.O. BOX 321  
GOTHIA FL 34734

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

24

25

29

30

9. Name and Address of Current Registered Agent

MIMS, WILLIAM L JR  
320 NORTH MAGNOLIA AVENUE  
SUITE A-9  
ORLANDO FL 32801-1850

3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0605641

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

10. Name and Address of New Registered Agent

81 Name

Charles Snider

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

8585 Lk Florence Blvd

83

Orlando, FL

84 City

FL

85 Zip Code

32818

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

Charles Snider

(NOTE: Registered Agent's signature required when reinstating)

7/29/96

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME SNIDER, CHARLES  
STREET ADDRESS 8585 LAKE FLORENCE BOULEVARD  
CITY - ST - ZIP ORLANDO FL 32818

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 100001500431

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Snider (Charles Snider) 7/29/96

407-293-5955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da phone Phone

CR2E034 (3/96)

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0393 FAX

800-342-8086



ACCOUNT NO.

072100000030

REFERENCE : 038040 7113505

AUTHORIZATION :

COST LIMIT : \$ 225.00

ORDER DATE : July 31, 1996

ORDER TIME : 10:27 AM

ORDER NO. : 038040

CUSTOMER NO: 7113505

CUSTOMER: Ms. Maria L. Snyder  
Ms. Maria L. Snyder  
1200 Boxwood Drive

Apopka, FL 32703

ANNUAL REPORT FILING

NAME: SNIDER HOME BUILDERS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: \_\_\_\_\_