

FILE NOW: 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 # P95000092338 (9)

1. Corporation Name

MR. SNACKMAN OF VOLUSIA COUNTY, INC.



Principal Place of Business

366 E. GRAVES AVE., STE. D
ORANGE CITY FL 32763

Mailing Address

366 E. GRAVES AVE., STE. D
ORANGE CITY FL 32763

2. Principal Place of Business

2a. Mailing Address

21 1060 E. Industrial Dr.

26 1060 E. Industrial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 H

27 H

City & State

City & State

23 Orange City, FL

28 Orange City, FL

Zip Country

Zip Country

24 32763

25

29 32763

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

4. FEI Number

59-3360011

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

SANFORD, ORMAN L
366 E. GRAVES AVE., STE. D
ORANGE CITY FL 32763

81 Name

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

380 E. Wisconsin Ave.

83

84 City

Orange City

FL

85 Zip Code

32763

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

Orman L. Sanford

Orman L. Sanford, President

3/12/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANFORD, ORMAN L	
STREET ADDRESS	366 E. GRAVES AVE., STE. D	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANDIVER, LLOYD T	
STREET ADDRESS	1538 ERROL PKY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Orman L. Sanford	
1.3 STREET ADDRESS	380 E. Wisconsin Ave.	
1.4 CITY-ST-ZIP	Orange City, FL 32763	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W. Carol Sanford	
2.3 STREET ADDRESS	380 E. Wisconsin Ave.	
2.4 CITY-ST-ZIP	Orange City, FL 32763	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Orman L. Sanford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Orman L. Sanford
President

3/12/96 (904) 774-1031
DATE DAYTIME PHONE #

CR2E034 (12/95)