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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000007840**

1. Corporation Name
SNELGROVE ELECTRONICS INC.

Principal Place of Business	Mailing Address
12818 MLK BLVD ALACHUA FL 32615	P.O. BOX 1513 HIGH SPRINGS FL 32655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/22/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3353421 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SNELGROVE, DIANA H
210 NW 1ST AVE
HIGH SPRINGS FL 32643

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SNELGROVE, WAYNE		1.2 NAME	
STREET ADDRESS	210 NW FIRST AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SNELGROVE, DIANA H		2.2 NAME	
STREET ADDRESS	210 NW FIRST AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, AMANDA S		3.2 NAME	
STREET ADDRESS	120 NW 2ND STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DARBY, DEIDRE S		4.2 NAME	
STREET ADDRESS	2385 MCFARLANE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, CHARLENE S		5.2 NAME	
STREET ADDRESS	5010 12TH NE SOUTH		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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

SIGNATURE: ✓ Diana Snelgrove SIGNATURE REQUIRED 3-30-99 904-454-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)