FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED
97 AUG -4 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000025750 (6)

1. Corporation Name
SNAKE EXPRESS INC.

Principal Place of Business
5309 E. AVENIDA DE GOLF
PACE FL 32571

Mailing Address
5309 E. AVENIDA DE GOLF
PACE FL 32571-2805

3. Date Incorporated or Qualified: 03/18/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number — ☐ 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
SWAFFORD, CARMEN
5309 E. AVENIDA DE GOLF
PACE FL 32571

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 [redacted] Carmen Swafford Carmen Swafford 02-14-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres.	☐ DELETE
NAME	Earl D. Swafford	
STREET ADDRESS	5309 E. Avenida De Golf	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	Vice Pres	☐ DELETE
NAME	Carmen Swafford	
STREET ADDRESS	5309 E. Avenida De Golf	
CITY-ST-ZIP	Pace, FL 32571	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	200002260112--2	
2.3 STREET ADDRESS	-08/06/97--01119--015	
2.4 CITY-ST-ZIP	****165.00 ****165.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	9886(?)	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

Carmen Swafford, Carmen A. Swafford by P.O.A. Earl D. Swafford