

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044206 (6)

1. Corporation Name

SNAPPER COVE INVESTMENTS, INC.

Principal Place of Business

203 BEACHVIEW DR.
FT. WALTON BEACH FL 32548

Mailing Address

203 BEACHVIEW DR.
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 P.O. Box 8

Suite, Apt. #, etc.

22

City & State

23 Valparaiso FL

24 Zip 32580

Country

2a. Mailing Address

26 P.O. Box 8

Suite, Apt. #, etc.

27

City & State

28 Valparaiso FL

29 Zip 32580

Country

4. FEI Number

59-3381329

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MCINNIS, C. JEFFREY
909 MAR WALT DR.
SUITE 1014
FT. WALTON BEACH FL 32547

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 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 607.0601, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent) and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RILEY, JUDY B
STREET ADDRESS 203 BEACHVIEW DR.
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE ☐ DELETE

NAME TAYLOR, MARION R
STREET ADDRESS 119 POST OAK PLACE
CITY-ST-ZIP SHALIMAR FL 32579

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 Judith Byrne Riley
1.3 STREET ADDRESS 203 Beachview Dr.
1.4 CITY-ST-ZIP Ft. Walton Bch, FL 32548

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Marion Riley Taylor
2.3 STREET ADDRESS 413 Roscommon Blvd.
2.4 CITY-ST-ZIP Niceville FL 32578

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

6.1 TITLE ☐ Change ☐ 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 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

CR2E034 (4/97)