

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

2. Principal Place of Business
21 Post Office Box 8
Suite, Apt. #, etc.

22 City & State
23 Valparaiso FL
24 Zip 32580
25 Country

2a. Mailing Address
26 Post Office Box 8
Suite, Apt. #, etc.

27 City & State
28 Valparaiso FL
29 Zip 32580
30 Country

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 607.0502 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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

SIGNATURE
3-4-98 854-638-7812

CR2E034 (10/97)