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May 01 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 # P96000072813 (4)

1. Corporation Name
CAPITAL SNACK BAR, INC.



Principal Place of Business: **29 CORBETT LANE CRAWFORDVILLE FL 32327**
 Mailing Address: **29 CORBETT LANE CRAWFORDVILLE FL 32327-5027**

3. Date Incorporated or Qualified: **09/03/1996**
 3a. Date of Last Report: []
 4. FEI Number: **59-3398704**
 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

2. Principal Place of Business: []
 2a. Mailing Address: []
 21. Suite, Apt. #, etc.: []
 22. City & State: []
 23. Zip: [] Country: []
 24. Zip: [] Country: []

9. Name and Address of Current Registered Agent
LAIRD, TONY J
29 CORBETT LANE
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent
 81. Name: []
 82. Street Address (P.O. Box Number is Not Acceptable): []
 83. []
 84. City: []
 85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 1.1 TITLE: **P** [] DELETE
 1.2 NAME: **LAIRD, TONY J**
 1.3 STREET ADDRESS: **29 CORBETT LANE**
 1.4 CITY-ST-ZIP: **CRAWFORDVILLE FL 32327**
 2.1 TITLE: [] DELETE
 2.2 NAME: []
 2.3 STREET ADDRESS: []
 2.4 CITY-ST-ZIP: []
 3.1 TITLE: [] DELETE
 3.2 NAME: []
 3.3 STREET ADDRESS: []
 3.4 CITY-ST-ZIP: []
 4.1 TITLE: [] DELETE
 4.2 NAME: []
 4.3 STREET ADDRESS: []
 4.4 CITY-ST-ZIP: []
 5.1 TITLE: [] DELETE
 5.2 NAME: []
 5.3 STREET ADDRESS: []
 5.4 CITY-ST-ZIP: []
 6.1 TITLE: [] DELETE
 6.2 NAME: []
 6.3 STREET ADDRESS: []
 6.4 CITY-ST-ZIP: []

19. 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: []
 2.3 STREET ADDRESS: []
 2.4 CITY-ST-ZIP: []
 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: *Larry Laird* (904) 222-910 4-22-97

CR2E034 (9/96)