

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000074860 (3)

1. Corporation Name
SNOEDEL, INC.



Principal Place of Business

3635 LAURETTE ROAD
MERRITT ISLAND FL 32952

Mailing Address

1305 SHADY LANE
MERRITT ISLAND FL 32952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1996

4. FEI Number

59-3401830

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 2897 NEW FOUND

Suite, Apt. #, etc.

22 HARBOR DRIVE

City & State

23 MERRITT ISLAND, FL

Zip

24 32952

Country

25 USA

2a. Mailing Address

26 2897 NEW FOUND

Suite, Apt. #, etc.

27 HARBOR DRIVE

City & State

28 MERRITT ISLAND, FL

Zip

29 32952

Country

30 USA

9. Name and Address of Current Registered Agent

THOMAS, JOLANDE M
1305 SHADY LANE
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

THOMAS, JOLANDE M

82 Street Address (P.O. Box Number is Not Acceptable)

2897 NEWFOUND HARBOR DRIVE

83

84 City

MERRITT ISLAND

FL

85 Zip

32952

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

Jolande Thomas

(NOTE: Registered Agent signature required when reinstating)

Jan 16, 98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D THOMAS, JOLANDE M
STREET ADDRESS 1305 SHADY LANE
CITY-ST-ZIP MERRITT ISLAND FL

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

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

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 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

Jolande Thomas

Jan 16 1998 / 407-4542459

CR2E034 (10/97)