

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90004 037 \*\*\*150.00

DOCUMENT # P97000046824

1. Corporation Name

SNACK-EM-UP INC.



Principal Place of Business

Mailing Address

22 MARTHA DR  
MACLENNY FL 32063

22 MARTHA DR  
MACLENNY FL 32063

NEW address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

59-3471575

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Rt 8 Box 736 B1

26 Rt 8 Box 736 B1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

Lake City FL

Lake City FL

24 Zip Country

29 Zip Country

32055 Columbia

32055 Columbia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUELL, DONALD T  
22 MARTHA DR  
MACLENNY FL 32063

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME TUELL, DONALD

STREET ADDRESS 22 MARTHA DR  
CITY-ST-ZIP MACLENNY FL 32063

1.1 TITLE

P.D.

☒ Change ☐ Addition

1.2 NAME

Tuell, Donald

1.3 STREET ADDRESS

Rt 8 Box 736 B1

1.4 CITY-ST-ZIP

Lake City FL 32055

TITLE SD ☐ DELETE

NAME TUELL, CATHY WILLIAMS

STREET ADDRESS 22 MARTHA DR  
CITY-ST-ZIP MACLENNY FL 32063

2.1 TITLE

S.D.

☒ Change ☐ Addition

2.2 NAME

Tuell, Cathy M.

2.3 STREET ADDRESS

Rt 8 Box 736 B1

2.4 CITY-ST-ZIP

Lake City FL 32055

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED: Cathy Williams, President

4/22/99

(904) 754-5433

CR2E034 (1/98)