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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000004507 1. Corporation Name

J SNOW ENTERPRISE CORPORATION

					ļ				
Principal Place of Business Mailing Address						(1886188) 108 (918) 18111 BONS 88111	*****	** ******)#### ################################
7014 CASTENEA DRIVE		7014 CASTENEA DRIVE							
PORT RICHEY FL 34668		PORT RICHEY FL 34668			DO NOT WRITE IN THIS SPACE				
					}	3. Date incorporated or Qualifed			
					ľ	01/13/1998			1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 5,101	007	/ Apr	plied For
21		26				59-3486	<u>1887</u>	Not	t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	I
22 27						<u> </u>		Fee Red	
City & Stat	· — — — ·				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23 Tin	Country	Zip	Country	,		Trust Fund Contribution			rees
Zip	25 Country	29 30	, ´	•		This corporation owes the current Personal Property Tax.			□No
24	9. Name and Address of Curre					10. Name and Address of New Re			
			81	Name					
SNOW, TRACY R				Stroot	Addrag	s (P.O. Box Number is Not Acceptable	le)		
7014 CASTENEA DRIVE			82	Street	Addica	s (r.o. box rumber is not recopiable			
PORT RICHEY FL 34668			83						i J
			84	City				85 Zip C	code
				,			FL	'	
office or r	registered agent, or both, in the State	of Florida. Such change was autho	orized by	the corpo	corpor oration	ation submits this statement for the present of directors. I hereby accept	urpose of chather the appoints	nanging its r ment as reg	registered gistered
	myamiliar with, and accept the obliga				~	/	1-20	-49	- 1
SIGNATURE	Signature, typed or printed pame of registered age	ont and title if applicable. (NOTE/Reg	gistered Age	nt signature re	<u>دے ہ</u> w beniupe	ec/Tress- hen reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI			
TITLE		☐ DELETE	1.1 TITLE		Pr	esident		Change	Addition
NAME			1.2 NAME		ব	Mes F SNOW Jr 14 Cas taken Dr	٠.]
STREET ADDRESS			1.3 STREET ADDRESS		70	14 cas taken UT			
CITY-ST-ZIP				1.4 CITY-ST-ZIP		R FL 34664		Change	Addition
TITLE		☐ DELETE 2.1 T		£ (5)		ce president	;	Change	Audition
NAME I	i i		2.2 NAME		20	14 castanea Pr			
STREET ADDRESS				2.3 STREET ADDRESS 7		N. FL 34668			ľ
CITY-ST-ZIP		2.46 DELETE 3.1T		ST-ZIP	_	Treas.		Change	Addition
NAME	-		3.2 NAME		7-	cey R. Snow			
STREET ADDRESS				T ADDRESS	20	14 cas taken or			
CITY-ST-ZIP			3.4. CITY-5		1.6				}
TITLE			4.1 TITLE	JI-ZH				Change	Addition
NAME			4. 2 NAME						}
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						}
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-9	ST-ZIP	<u> </u>				
	1	□ nei ere	8 1 TITLE		3			□ Change	□ Addition

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 in changed, or on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS