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**Feb 18, 1999 8:00 am**  
**Secretary of State**

02-18-1999 90113 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000062379

1. Corporation Name

ROUND VALLEY INVESTMENTS, INC.

Principal Place of Business

508 GOLFPARK DRIVE  
CELEBRATION FL 34747

Mailing Address

508 GOLFPARK DRIVE  
CELEBRATION FL 34747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

59-3522349

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SNYDER, MILTON A III  
508 GOLFPARK DRIVE  
CELEBRATION FL 34747

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 607.0506, 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

1.1 TITLE ☐ DELETENAME  
SNYDER, MILTON A III  
STREET ADDRESS  
508 GOLFPARK DRIVE  
CITY-ST-ZIP  
CELEBRATION FL 347471.2 NAME ☐ DELETENAME  
SNYDER, LAUREL D  
STREET ADDRESS  
508 GOLFPARK DRIVE  
CITY-ST-ZIP  
CELEBRATION FL 347471.3 NAME ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.4 NAME ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.5 NAME ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.6 NAME ☐ DELETENAME  
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON A. SNYDER III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

407-566-8598

Daytime Phone #

CR2E034 (1/98)