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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90086 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S96931

1. Corporation Name
SNO 2 GO, INC.

Principal Place of Business

150 BURBANK ROAD
SUITE 4
OLDSMAR FL 34677

Mailing Address

150 BURBANK ROAD
SUITE 4
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

59-3095330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERSTING, JOHN
150 BURBANK ROAD
SUITE 4
OLDSMAR FL 34677

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 DPT ☐ DELETE

NAME KERSTING, JOHN
STREET ADDRESS 150 BURBANK RD., #4
CITY-ST-ZIP OLDSMAR FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S ☒ DELETE

NAME CAMPBELL, VICKIE A.
STREET ADDRESS 150 BURBANK RD., #4
CITY-ST-ZIP OLDSMAR FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SPAUNAUGLE, MARVIN
STREET ADDRESS 150 BURBANK RD., #4
CITY-ST-ZIP OLDSMAR FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

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:

John Kersting
Signature and Typed or Printed Name of Signing Officer or Director

04/08/99 813-855-4871
Date Daytime Phone #

CR2E034 (11/98)