FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V39905** **(7)**

1. Corporation Name
SNAX 24, INC.

Principal Place of Business	Mailing Address
1755 - 9TH ST. S. ST. PETERSBURG FL 33705 US	1755 - 9TH ST. S ST. PETERSBURG FL 33705 US

3. Date Incorporated or Qualified: **06/01/1992** | 3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business
21 | 22 State Applicable | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 State Applicable | 28 City & State | 29 Zip | 30 Country

4. FEI Number: **59-3128169** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FUENTES, LAWRENCE E
1407 W BUSCH BLVD
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: YASIN SAAD
82 Street Address (P.O. Box Number Not Acceptable): ~~5132 E Chilko~~
83: 6215 S. Queensway Dr.
84 City: Temple Terrace **FL** 85 Zip Code: 33617

11. Pursuant to the provisions of Section 607.0502 and 607.1005, 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: (x) [signature] (Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS

D
SAAD, YASIN
5132 E CHILKO AVE
TAMPA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

13 STREET ADDRESS: 6215 S. Queensway Dr
14 CITY-ST-ZIP: Temple Terrace, FL 33617

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true and accurate; that 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 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 a director or officer 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 with an address, with the exception of the true director.

SIGNATURE: (x) [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)