

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 # **H70553** (3)

1. Corporation Name

**VECTOR PROPERTIES, INC.**



Principal Place of Business

**25 SECOND ST., N., STE. 160  
P. O. BOX 1392  
ST. PETERSBURG FL 33731  
US**

Mailing Address

**25 2ND STR NO  
STE 160  
ST PETERSBURG FL 33701  
US**

3. Date Incorporated or Qualified

**08/09/1985**

3a. Date of Last Report

**04/18/1995**

2. Principal Place of Business

**21 526 Central Avenue**

2a. Mailing Address

**25 526 Central Avenue**

Suite, Apt. #, etc.

**22 Suite 200**

Suite, Apt. #, etc.

**27 Suite 200**

City & State

**23 St. Petersburg, FL**

City & State

**28 St. Petersburg, FL**

Zip

**24 33701**

Country

**25 US**

Zip

**29 33701**

Country

**30 US**

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

**HERETICK, KENNETH W.  
715 MARCO DRIVE N.E.  
ST. PETERSBURG FL 33702**

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 607.0505, 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

TITLE **PDS** ☐ DELETE

NAME **HERETICK, KENNETH W.**  
STREET ADDRESS **715 MARCO DRIVE N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VTD** ☐ DELETE

NAME **BURSIK, PETER D.**  
STREET ADDRESS **7301 18TH ST., N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peter D. Bursik, Executive Vice President**

**4/30/96**  
Date

**813-823-1230**

Daytime Phone #

CR2E034 (12/95)