

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20968 (4)

1. Corporation Name
ORVIS, INC.

Principal Place of Business THE ORVIS COMPANY INC ROUTE 7A MANCHESTER VE 06254 US	Mailing Address 1711 BLUE HILL DR ROANOKE VA 24012-8602 US
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2. Principal Place of Business 21 CORRECT Suite, Apt. #, etc.	2a. Mailing Address 26 CORRECT Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

3. Date Incorporated or Qualified 09/20/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 03-0215459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PERKINS, LEIGH H.	
STREET ADDRESS	RR 1 BOX 1420	
CITY- ST- ZIP	MANCHESTER CENTER VT	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KAYTON, ROXANNA B.	
STREET ADDRESS	RT 2 BOX 195	
CITY- ST- ZIP	GOODE VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOTICHA, JOHN	
STREET ADDRESS	2816 FAIRWAY FOREST DR.	
CITY- ST- ZIP	SALEM VA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PERKINS, LEIGH H., JR.	
STREET ADDRESS	RR 1 BOX 1428	
CITY- ST- ZIP	MANCHESTER VT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERKINS, DAVID	
STREET ADDRESS	RR 1 BOX 1323	
CITY- ST- ZIP	ARLINGTON VT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VACCARO, THOMAS S.	
STREET ADDRESS	P O BOX 1312 N/A	
CITY- ST- ZIP	MANCHESTER VT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: Thomas S. Vaccaro **THOMAS S. VACCARO 4/23/97 (540) 345-6789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)