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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000013245

1. Corporation Name

VESPAR SYSTEMS, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90251 047 ***150.00



Principal Place	of Business	Mailing Address			i (Antikat lin latti (Anti Antil Antil Antil Antil	11850 ISIJO	41891 8111 149)
87 MEIGS DRIVE B7 MEIGS DRIVE SHALIMAR FL 32579 SHALIMAR FL 32579					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					02/07/1997		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3426541		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22		27			3. Certificate of Gialds Desired	Fe	e Required
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
24	25	29 30			Personal Property Tax.	Yes	Ŀ Ń <u>∘</u>
	9. Name and Address of Curre	nt Registered Agent	_		10. Name and Address of New Register	ed Agent	
			81	Name			
JINKS, JOHN B JR			82	Street Addr	address (P.O. Box Number is Not Acceptable)		
	EIGS DRIVE		<u> </u>				
SHAL	IMAR FL 32579		83				
			84	City		85	Zip Code
				1		L	
office or re	onistered agent or both in the State	02 and 607.1508, Florida Statutes, t e of Florida. Such change was autho ations of, Section 607.0505, Florida	rizea ov	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changin pointment a	g its registered as registered
SIGNATURE					d when reinstating) DATE		
	Signature, typed or printed name of registered ago		stered Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12
12.		ND DIRECTORS ☐ DELETE	1.1 TITLE	Т	ADDITIONS, OTHER TO STATE OF THE PARTY	☐ Cha	
TITLE	D HAIRE HOLLIN B ID	_ been	1.2 NAME			_	• –
NAME	JINKS, JOHN B JR 87 MEIGS DRIVE			T ADDRESS			
STREET ADDRESS		i	1.3 STREE				
CITY-ST-ZIP	SHALIMAR FL 32579	☐ DELETE	2.1 TITLE	31-ZIF		Cha	ange Addition
TITLE \			2.2 NAME	Ì		_	-
NAME				T ADDRESS			
STREET ADDRESS	3		2.4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	31-2F		Cha	inge Addition
NAME		<u></u>	3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		1	3.4. CITY-	Į.			
TITLE		☐ DELETE	4.1 TTLE			☐ Cha	ange Addition
NAME		i	4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	ange Addition
NAME			5.2 NAME				
STREET ADDRESS		1	5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 C/TY-8	ST-ZIP	5177		
TITLE		☐ DELETE	6.1 TITLE			Cha	ange Addition
NAME		i i	6.2 NAME	}			
STREET ADDRESS			6.3 STREE	TADDRESS			
J.T.C.E., PADDIALOG		<u> </u>	64 CITY-5	ST_7IP			

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 B.

JINKS, JR. 2/23/99 (850) 651-8494