Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90046 046 ***150.00

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**

DOCUI	MENI # 203719				
1. Corporation Name					
FOOIS A	VOHL & SONS, INC.				
Principal Plac	e of Business	Mailing Address	•		f 8fður biður ðiður biður biður biður
11101 N 46TH	ST.	11101 N 46TH ST.			
TAMPA FL 33617 TAMPA FL 33617			BO NOT WRITE IN THE	ID CDACE	
us		U\$		DO NOT WRITE IN THE 3. Date Incorporated or Qualifed	S SPACE
				06/25/1957	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	idea of Business	26		59-0806009	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u></u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year le	ntangible □Yes □No
24	9. Name and Address of Current	29 3		Personal Property Tax. 10. Name and Address of New Registered	
	5. Name and Address of Current	registered Agent	81 Name	100	
SIMON, WALTER L.				(D.O. Day Mysshas is Not Assessable)	
1101 N 46TH ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33617			83		
			84 City		85 Zip Code
				F	L
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its registered
agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	ons of, Section 607.0505, Floric	da Statutes.	and a position directors. Thereby accept the app	Sillinoite do regiotoreo
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		tegistered Agent signature requirement 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONO/OFF/ANOLOT	Change Addition
NAME	SIMON, WALTER L		1.2 NAME		
STREET ADDRESS	9230 SW 99TH ST		1.3 STREET ADDRESS		Í
CITY-ST-ZIP	MIAMI, FL		1,4 CITY-ST-ZIP		
TITLE	D ·	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMON, JEFFREY S		2.2 NAME		
STREET ADDRESS	13220 S W 95 AVE		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MIAMI, FL		2.4 CITY-ST-ZIP	<u> </u>	~
TITLE	\$	☐ DELETE	3.1 TITLE		Change Addition
NAME	SIMON, JEFFREY S		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL	☐ DELETE	3.4. CITY-ST-ZIP - 4.1 TITLE		Change Addition
TITLE	D Simon, Stevan S	C DELETE	4.1 ITLE 4.2 NAME		
NAME STREET ADDRESS	37 SHORE DR N		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME.	PAVER, STEVE		5.2 NAME		
STREET ADDRESS	15 922 NOTTING HILL-DR . 1つ	539 FAIRMEADOW	5.3 STREET ADDRESS		}
CITY-ST-ZIP	TAMPA FL DR	ive.	5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition
NAME			6.2 NAME	•	•

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 chapters, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP