

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 # 302621 (8)

1. Corporation Name

VRD ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2700 SW ARCHER RD (%SHEY)  
PO BOX 14424  
GAINESVILLE FL 32604

P O BOX 14424  
GAINESVILLE FL 32604  
US

2. Principal Place of Business

2a. Mailing Address

21 6110 NW 1st PLACE

26 6110 NW 1st PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27 SUITE A

City & State

City & State

23 GAINESVILLE, FLORIDA

28 GAINESVILLE, FLORIDA

Zip

Country

Zip

Country

24 32607

25

29 32607

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/02/1966

3a. Date of Last Report

03/02/1995

4. FEI Number

59-1385640

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

10. Name and Address of New Registered Agent

SHEY, LISA R.  
9900 NW 48TH AVE.  
GAINESVILLE FL 32606

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 record is kept)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHEY, LAURA B  
STREET ADDRESS 9900 NW 48TH AVE  
CITY-STATE-ZIP GAINESVILLE, FL 00000  
☐ DELETE

TITLE VD  
NAME SHEY, SUSAN I.  
STREET ADDRESS 9900 NW 48TH AVE.  
CITY-STATE-ZIP GAINESVILLE, FL 00000  
☐ DELETE

TITLE TD  
NAME SHEY, LISA R  
STREET ADDRESS 9900 NW 48TH AVE  
CITY-STATE-ZIP GAINESVILLE, FL 00000  
☐ DELETE

TITLE SD  
NAME SHEY, KARA E.  
STREET ADDRESS 9900 NW 48TH AVENUE  
CITY-STATE-ZIP GAINESVILLE FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARA E. SHEY

3/26/96

352 378-1668

Display Figure 1

CR2E034 (12/95)