

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # 302621 (8)

1. Corporation Name
VRD ENTERPRISES, INC.

Principal Place of Business

2110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607
US

Mailing Address

6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607-2024
US

3. Date Incorporated or Qualified
03/02/1966

3a. Date of Last Report
03/27/1996

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

2. Principal Place of Business

21 6110 NW 1ST PLACE

Suite, Apt. #, etc.

22 SUITE A

City & State

23 GAINESVILLE, FL 32607

Zip

24 32607

Country

25 ALACHUA

2a. Mailing Address

26 6110 NW 1ST PLACE

Suite, Apt. #, etc.

27 SUITE A

City & State

28 GAINESVILLE, FL 32607

Zip

29 32607

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

SHEY, LISA R.
9900 NW 48TH AVE.
GAINESVILLE FL 32608

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 required in person of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHEY, LAURA B
STREET ADDRESS 9900 NW 48TH AVE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE VD ☐ DELETE

NAME SHEY, SUSAN I.
STREET ADDRESS 9900 NW 48TH AVE.
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE TD ☐ DELETE

NAME SHEY, LISA R
STREET ADDRESS 9900 NW 48TH AVE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE SD ☐ DELETE

NAME SHEY, KARA E.
STREET ADDRESS 9900 NW 48TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

Date

(352) 331 1668

Daytime Phone #

CR2E034 (9/96)