**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **503390** **(7)**

1. Corporation Name
**VIROGROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 428 PINE ISLAND RD., S.W.<br>CAPE CORAL FL 33991 | 428 PINE ISLAND RD., S.W.<br>CAPE CORAL FL 33991 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/18/1976**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
Suite, Apt. #, etc. (22): 
Suite, Apt. #, etc. (27): 
City & State (23): 
City & State (28): 
Zip (24): Country (25): 
Zip (29): Country (30): 

4. FEI Number: **59-1671036** ☐ 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

9. Name and Address of Current Registered Agent

**HOLLAND, LARRY K**
**17080 HARBOUR PT DR**
**FT MYERS FL 33908**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GLOTZBACK, LEE A III<br>21 TROPICANNA DR<br>PUNTA GORDA FL | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | S/T<br>Larry Ackerly<br>428 Pine Island Rd., S.W.<br>Cape Coral, FL 33991 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>O'DONNELL, THOMAS H.<br>1016 EL DORADO PKWY SW<br>CAPE CORAL FL | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | V<br>Thomas H. O'Donnel<br>428 Pine Island Rd., S.W.<br>Cape Coral, FL 33991 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>HOLZINGER, RICHARD L<br>2092 LOCHMOORE CIRCLE<br>N FT MYERS, FL 00000 Delete | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | C/P/D<br>Sylvester Ogden<br>428 Pine Island Rd., S.W.<br>Cape Coral, FL 33991 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HORVATH, LLOYD E.<br>1900 VIRGINIA AVE., #1201<br>FT. MYERS FL | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | V<br>Lloyd E. Horvath<br>428 Pine Island Rd., S.W.<br>Cape Coral, FL 33991 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CPD<br>FLETCHER, ROBERT A Delete<br>17170 HARBOUR POINT DR.<br>FT MYERS FL | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Delete ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HOLLAND, LARRY K<br>17080 HARBOUR POINT DRIVE<br>FT. MYERS FL | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | V<br>Larry K. Holland<br>428 Pine Island Rd., S.W.<br>Cape Coral, FL 33991 ☒ Change ☐ Addition |

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)(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:** Larry Ackerly Larry Ackerly 4/19/95 813-521-1919
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

045391 FP