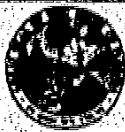


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

VIRGROUPO, INC.

DO NOT WRITE IN THIS SPACE.

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 fee if applicable

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**
NAME **GLOTZBACK, LEE A III**
STREET ADDRESS **21 TROPICANNA DR**
CITY-ST-ZIP **PUNTA GORDA FL**

1.1 TITLE **S/T** ☒ Change ☐ Addition
1.2 NAME **Larry Ackerly**
1.3 STREET ADDRESS **428 Pine Island Rd., S.W.**
1.4 CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE **VD**
NAME **O'DONNELL, THOMAS H.**
STREET ADDRESS **1016 EL DORADO PKWY SW**
CITY-ST-ZIP **CAPE CORAL FL**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Thomas H. O'Donnel**
2.3 STREET ADDRESS **428 Pine Island Rd., S.W.**
2.4 CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE **SVD**
NAME **HOLZINGER, RICHARD L** Delete
STREET ADDRESS **2092 LOCHMOORE CIRCLE**
CITY-ST-ZIP **N FT MYERS, FL 00000**

3.1 TITLE **C/P/D** ☒ Change ☐ Addition
3.2 NAME **Sylvester Ogden**
3.3 STREET ADDRESS **428 Pine Island Rd., S.W.**
3.4 CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE **VD**
NAME **HORVATH, LLOYD E.**
STREET ADDRESS **1900 VIRGINIA AVE., #1201**
CITY-ST-ZIP **FT. MYERS FL**

4.1 TITLE **V** ☒ Change ☐ Addition
4.2 NAME **Lloyd E. Horvath**
4.3 STREET ADDRESS **428 Pine Island Rd., S.W.**
4.4 CITY-ST-ZIP **Cape Coral, FL 33991**

TITLE **CPD**
NAME **FLETCHER, ROBERT A** Delete
STREET ADDRESS **17170 HARBOUR POINT DR.**
CITY-ST-ZIP **FT MYERS FL**

5.1 TITLE **Delete**
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD**
NAME **HOLLAND, LARRY K**
STREET ADDRESS **17080 HARBOUR POINT DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

6.1 TITLE **V** ☒ Change ☐ Addition
6.2 NAME **Larry K. Holland**
6.3 STREET ADDRESS **428 Pine Island Rd., S.W.**
6.4 CITY-ST-ZIP **Cape Coral, FL 33991**

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 110.07(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

Larry Ackerly

4/14/95

813-521-1919