

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 580110 (5)**

1. Corporation Name

**VYNAC, INC.**

Principal Place of Business

**108 COLINA PLACE  
P. O. BOX 788  
ORMOND BEACH FL 32174**

Mailing Address

**108 COLINA PLACE  
P. O. BOX 788  
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/25/1978**

3a. Date of Last Report

**04/29/1994**

4. FEI Number

**59-1888723**

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. 193.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**SILVER, B A  
108 COLINA PLACE  
ORMOND BCH FL 32174**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | <b>PSD</b>                  |
| NAME            | <b>SILVER, B A</b>          |
| STREET ADDRESS  | <b>108 COLINA PLACE</b>     |
| CITY - ST - ZIP | <b>ORMOND BCH FL 32174</b>  |
| TITLE           | <b>VTD</b>                  |
| NAME            | <b>GRAY, LARI SILVER</b>    |
| STREET ADDRESS  | <b>1132 ALBION ST. N.W.</b> |
| CITY - ST - ZIP | <b>PALM BAY FL 32907</b>    |
| TITLE           | <b>D</b>                    |
| NAME            | <b>SILVER, ELI</b>          |
| STREET ADDRESS  | <b>108 COLINA PLACE</b>     |
| CITY - ST - ZIP | <b>ORMOND BCH FL 32174</b>  |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>VTD</b>                                                        |
| 2.3 STREET ADDRESS  | <b>Gray, Lari</b>                                                 |
| 2.4 CITY - ST - ZIP | <b>1111 S. W. 16th Ave., #118</b>                                 |
|                     | <b>Gainesville, FL 32601</b>                                      |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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

**B. A. Silver, President**

**4/17/95**

**(904) 257-4567**

Title

Daytime Phone #