

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra O. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:54

DOCUMENT # 591951 (9)

1. Corporation Name

C. VARGAS & ASSOCIATES LIMITED, INC.

Principal Place of Business

**8596 ARLINGTON EXPRESSWAY
P.O. BOX 8808
JACKSONVILLE FL 32211**

Mailing Address

**8596 ARLINGTON EXPRESSWAY
P.O. BOX 8808
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1891700	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	2a. Mailing Address
21. Subj. Apt. # etc.	26. Subj. Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Locality	29. Locality
25. County	30. County

9. Name and Address of Current Registered Agent

**VARGAS, CLARK
4524 JULINGTON CREEK RD
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607 (0602 and 0607 (1508), Florida Statutes, the aboves 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 (0605), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or person authorized to register)

(Signature of Registered Agent or person authorized to register)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VARGAS, CLARK 4524 JULINGTON CREEK RD JACKSONVILLE FL	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	TD VARGAS, CLARK 4524 JULINGTON CREEK RD JACKSONVILLE, FL 00000	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	S VARGAS, CLARK 4524 JULINGTON CREEK RD JACKSONVILLE FL	TITLE	☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		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 law (see 193.03(4a), Florida Statutes). I further certify that the information included 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. I am an officer or director of the corporation, or the receiver or liquidator of the corporation, or the person responsible for this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95 725-7131