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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:12

DOCUMENT # 606117 (0)

1. Corporation Name
VERO FORE, INC.

Principal Place of Business	Mailing Address
1053 CLONSILLA AVE. PETERBOROUGH, ONTARIO CANADA K9J 6Z6	P. O. BOX 505 PETERBOROUGH, ONTARIO CANADA K9J 6Z6

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1979	3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-1963000	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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RODDENBERRY, W. E.
2345 14TH AVE/, #5
VERO BEACH FL 32960

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: _____
(Typed or printed name of new registered agent and title, if applicable) (New Registered Agent's signature required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CULLEN, BRIAN	12 NAME	
STREET ADDRESS	386 ONTARIO STREET	13 STREET ADDRESS	
CITY-ST-ZIP	ST CATHERINES, ONTARIO CANAD	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MCGEE, JOHN R.	22 NAME	
STREET ADDRESS	1053 CLONSILLA AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PETERBOROUGH, ONTARIO CANADA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CONNOR, R. ALLEN	32 NAME	
STREET ADDRESS	1470 DUNDAS E.	33 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ONTARIO, CANADA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, JOHN V.	42 NAME	
STREET ADDRESS	1401 PLAINS ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON, ONTARIO CANADA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an additional

SIGNATURE: x John R McGee JOHN R. McGEE (705) 741-9000
(Required) (Typed or printed name of person signing) (Title) (Daytime Phone Number)

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