

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 606225 (1)  
1. Corporation Name  
JAMES E. VEST, INC.



Principal Place of Business

Mailing Address

~~13811 HWY 98 BYPASS~~  
~~DADE CITY FL 33525~~  
US

~~13811 HWY 98 BYPASS~~  
~~DADE CITY FL 33525~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1979

4. FEI Number

59-1867444

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4020 W. HORACE ALLEN ST

2a. Mailing Address

26 4020 W. HORACE ALLEN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LECANTO, FL

City & State

28 LECANTO, FL

Zip

Country

24 3446/

25 USA

Zip

Country

29 3446/

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VEST, JAMES E

~~48101 HWY 98 BYPASS~~  
~~DADE CITY FL 33525~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4020 W. HORACE ALLEN ST

83

84 City

LECANTO

FL

85 Zip Code

3446/

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 James E. Vest / JAMES E. VEST PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME VEST, JAMES E  
STREET ADDRESS 729 HWY 98 BYPASS  
CITY-ST-ZIP DADE CITY FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4020 W. HORACE ALLEN ST  
1.4 CITY-ST-ZIP LECANTO, FL 3446/

TITLE ☐ DELETE

NAME GODFREY, DIANE P.  
STREET ADDRESS 13811 HWY 98 BYPASS  
CITY-ST-ZIP DADE CITY FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS DELETE THIS PERSON  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 James E. Vest / JAMES E. VEST PRESIDENT

628-3660  
352-128-3160

CR2E034 (10/97)