

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 632217 (6)  
1. Corporation Name  
VEIT & VEIT, INC.



Principal Place of Business  
712 BEAR CREEK CIRCLE  
WINTER SPRINGS FL 32708

Mailing Address  
712 BEAR CREEK CIRCLE  
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified  
08/07/1979

3a. Date of Last Report  
04/20/1995

4. FEI Number  
59-1926927

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

SOMMERS, BERNARD D.  
235 SOUTH MATLAND AVENUE  
MATLAND FL 32751

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 then typed name

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

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | PV                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VEIT, E. THEODORE     | 1.2 NAME  |   |
| STREET ADDRESS             | 712 BEAR CREEK CIRCLE | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WINTER SPRINGS FL     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VEIT, MARCIA R.       | 2.2 NAME  |   |
| STREET ADDRESS             | 712 BEAR CREEK CIRCLE | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WINTER SPRINGS FL     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME  |   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME  |   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME  |   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME  |   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 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 119.07(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:

*E. Theodore Veit*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/96

407-365-3823

CR2E034 (12/95)