FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 742536 (6)

1. Corporation Name

THE VICTOR E. CLUB, INC.

Principal Place of Business	Mailing Address
1320 EAST NEW YORK AVENUE DELAND FL 32724 ✓	1320 EAST NEW YORK AVENUE DELAND FL 32724 ✓

3. Date Incorporated or Qualified: 04/21/1978
3a. Date of Last Report: 07/07/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2321100 ☐ 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

9. Name and Address of Current Registered Agent

LLOYD, MARY JO
718 N. BOSTON AVE
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name: KEITH WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 1535 AMY CIRCLE
83: DELTONA FL
84 City: FL 85 Zip Code: 32738

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] KEITH R. WILSON 1-24-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LLOYD, MARY J 718 N. BOSTON AVE DELAND FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TREASURER + D LLOYD, MARY J. 538 W. OHIO AVE DELAND FL 32720	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HORNBAKER, JACKIE 1621 OAKLAND DR DELAND FL	☑ DELETE ✓	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT + D ~~KEITH~~ WILSON, KEITH 1535 AMY CIRCLE DELTONA FL 32738	☑ Change ✓ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRYANT, JOHN 823 N. MAY ST. DELAND FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE-PRESIDENT + D O'BRYANT, JOHN 823 N. MAY ST. DELAND 32720	☐ Change ☑ Addition ✓
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MICHALOS, GEORGE J 560 MERCERS FORNERY RD DELAND FL	☑ DELETE ✓	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY + D KASE, SUSAN 201 S. AMELIA APT A2 DELAND FL 32724	☑ Change ✓ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRATTY, BRUCE 114 A E. RICH AVE DELTONA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR BRATTY, BRUCE 114 A EAST RICH AVE DELAND FL 32724	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VACARRO, AUGIE 1417 DRYSDALE DR DELTONA FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR VACARRO, AUGIE 1417 DRYSDALE DR DELTONA FL	☐ Change ☐ Addition

$61.25 1/31/96
$ dlp. by bank

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] KEITH R. WILSON 1/24/96 (904) 789 - 1545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #