SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845563** **(6)**

1. Corporation Name
VIRGINIA TAG, INC.

Principal Place of Business	Mailing Address
5426 ROBINHOOD ROAD P.O. BOX 12716 NORFOLK VA 23502	PO BOX 12716 NORFOLK VA 23541 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/26/1980**
3a. Date of Last Report: **06/14/1994**

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

4. FEI Number: **21-0743293** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	11 TITLE		☐ Change ☐ Addition
NAME	GROSS, THOM H.	12 NAME		
STREET ADDRESS	828 MOFFAT LANE	13 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BCH VA	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, DENNIS	22 NAME		
STREET ADDRESS	109 B 87TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	CURLING, FRED B.	32 NAME		
STREET ADDRESS	RTE 1 BOX 158	33 STREET ADDRESS		
CITY-ST-ZIP	SPRING GROVE VA	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☒ Change ☐ Addition
NAME	JAMES, ALLEN	42 NAME		
STREET ADDRESS	2425 E. SAPIUM WAY	43 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	44 CITY-ST-ZIP	Phoenix, Az 85044	
TITLE	VPD	51 TITLE		☐ Change ☐ Addition
NAME	HAHN, ROBERT B.	52 NAME		
STREET ADDRESS	5332 DOON STREET	53 STREET ADDRESS	2214 Roanoke Ave	
CITY-ST-ZIP	VA. BCH VA	54 CITY-ST-ZIP	Virginia Beach, Va 23455	
TITLE	VP	61 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, RAY N.	62 NAME		
STREET ADDRESS	2741 SEA SHORE COVE	63 STREET ADDRESS	2709 Windship Point	
CITY-ST-ZIP	VIRGINIA BEACH VA	64 CITY-ST-ZIP	Virginia Beach, Va 23454	

CR2E034 (3/95)

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)(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: _____ VP-Finance 7/25/95 804 857-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170706 FN