

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **845563** (6)

1. Corporation Name
VIRGINIA TAG, INC.

Principal Place of Business

**5426 ROBIN HOOD RD
P.O. BOX 12716
NORFOLK VA 23513
US**

Mailing Address

**PO BOX 12716
NORFOLK VA 23541
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1980

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

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPS** ☐ DELETE
NAME **GROSS, THOM H.**
STREET ADDRESS **816 DE LA FAYETTE COURT**
CITY- ST- ZIP **VIRGINIA BCH VA**

TITLE **PD** ☐ DELETE
NAME **MCLAUGHLIN, DENNIS**
STREET ADDRESS **109 B 87TH STREET**
CITY- ST- ZIP **VIRGINIA BEACH VA**

TITLE **VPD** ☐ DELETE
NAME **CURLING, FRED B.**
STREET ADDRESS **RTE 1 BOX 158**
CITY- ST- ZIP **SPRING GROVE VA**

TITLE **VP** ☐ DELETE
NAME **MILLER, MELVIN E**
STREET ADDRESS **140 GREENDALE RD**
CITY- ST- ZIP **VIRGINIA BCH FL**

TITLE **VPD** ☐ DELETE
NAME **HAHN, ROBERT B.**
STREET ADDRESS **2214 ROANOKE AVE**
CITY- ST- ZIP **VA. BCH VA**

TITLE **VP** ☐ DELETE
NAME **JOHNSON, RAY N.**
STREET ADDRESS **2709 WINDSHIP POINT**
CITY- ST- ZIP **VIRGINIA BEACH VA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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)(j), 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:

SIGNATURE OF REGISTERED AGENT: FINANCE

1-16-98

757-858-7436

Date

Daytime Phone #

0520872

CR2E034 (10/97)