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Feb 27, 1999 8:00 am
Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **845563**

1. Corporation Name
VIRGINIA TAG, INC.

Principal Place of Business	Mailing Address
5426 ROBIN HOOD RD P.O. BOX 12716 NORFOLK VA 23513 US	PO BOX 12716 NORFOLK VA 23541 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/26/1980

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

4. FEI Number: 21-0743293 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, THOM H.		1.2 NAME		
STREET ADDRESS	816 DE LA FAYETTE COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BCH VA		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MCLAUGHLIN, DENNIS		2.2 NAME	McLaughlin, Dennis	
STREET ADDRESS	109 B 87TH STREET		2.3 STREET ADDRESS	1712 Herford Way	
CITY-ST-ZIP	VIRGINIA BEACH VA		2.4 CITY-ST-ZIP	Virginia Beach, VA 23454	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CURLING, FRED B.		3.2 NAME		
STREET ADDRESS	RTE 1 BOX 158		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING GROVE VA		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, MELVIN E		4.2 NAME		
STREET ADDRESS	140 GREENDALE RD		4.3 STREET ADDRESS	1300 Fairway Drive	
CITY-ST-ZIP	VIRGINIA BCH FL		4.4 CITY-ST-ZIP	Chesapeake, VA 23320	
TITLE	VPD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HAHN, ROBERT B.		5.2 NAME		
STREET ADDRESS	2214 ROANOKE AVE		5.3 STREET ADDRESS	3650 Sea Gulf Bluff	
CITY-ST-ZIP	VA. BCH VA		5.4 CITY-ST-ZIP	Virginia Beach, VA 23455	
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, RAY N.		6.2 NAME		
STREET ADDRESS	2709 WINDSHIP POINT		6.3 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Thom H. Gross, V.P 2/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #