

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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90022 003 *****8.75
07-09-1999 90022 004 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F20540

Corporation Name
VENA CORPORATION

Principal Place of Business

**SUNSET POINT ROAD
SUITE E
CLEARWATER FL 34625**

Mailing Address

**ATT LEES, RALPH. C
P O BOX 819
LARGO FL 33779-819
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1981

4. FEI Number

59-2189869

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip Country

25

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEES, RALPH C.
2348 SUNSET POINT ROAD
SUITE E
CLEARWATER FL 34625**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Ralph C. Lees* **RALPH C. LEES President**

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

(NOTE: Registered Agent signature required when reinstating)

May 01, 1999
DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE
**DPT
LEES, RALPH C
2348 SUNSET POINT ROAD., SUITE E
CLEARWATER FL 34625**

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

☐ Change ☐ Addition

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

☐ DELETE

2.2 NAME

☐ Change ☐ Addition

☐ DELETE

2.3 STREET ADDRESS

☐ Change ☐ Addition

☐ DELETE

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

☐ DELETE

3.2 NAME

☐ Change ☐ Addition

☐ DELETE

3.3 STREET ADDRESS

☐ Change ☐ Addition

☐ DELETE

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

☐ DELETE

4.2 NAME

☐ Change ☐ Addition

☐ DELETE

4.3 STREET ADDRESS

☐ Change ☐ Addition

☐ DELETE

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

☐ DELETE

5.2 NAME

☐ Change ☐ Addition

☐ DELETE

5.3 STREET ADDRESS

☐ Change ☐ Addition

☐ DELETE

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

☐ DELETE

6.2 NAME

☐ Change ☐ Addition

☐ DELETE

6.3 STREET ADDRESS

☐ Change ☐ Addition

☐ DELETE

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Ralph C. Lees **RALPH C. LEES President**

May 01, 1999
Date

Daytime Phone #

CR2E034 (11/98)