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FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F26730

(4)

1. Corporation Name

BOB VAUSE & ASSOCIATES, INC.



Principal Place of Business

1057 SW DALTON AVENUE  
PORT ST LUCIE FL 34953  
US

Mailing Address

1057 SW DALTON AVENUE  
PORT ST LUCIE FL 34953-2830  
US

3. Date Incorporated or Qualified

03/16/1981

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2076700

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

VAUSE, ROBERT E  
3570 CONSUMER ST. UNIT 6  
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

VAUSE, ROBERT E

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

1057 S.W.DALTON AVENUE

83

84

City  
PORT ST LUCIE,

FL

85 Zip Code

34953

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 P  
NAME VAUSE, ROBERT E  
STREET ADDRESS 1057 SW DALTON AVENUE  
CITY- ST- ZIP PORT ST. LUCIE FL

☐ DELETE

TITLE VS  
NAME VAUSE, KATHLEEN A.  
STREET ADDRESS 1057 SW DALTON AVENUE  
CITY- ST- ZIP PORT ST. LUCIE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

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 do 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 and dated 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:

Kathleen A. Vause  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97  
Date

561-336-3551  
Daytime Phone

CR2E034 (9/96)