

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F76412 (8)
1. Corporation Name
VECTOR SERVICES CORPORATION



Principal Place of Business
4710 EISENHOWER BLVD. BLDG C-8 (33634)
P.O. BOX 25152
TAMPA FL 33622-2152

Mailing Address
4710 EISENHOWER BLVD. BLDG C-8 (33634)
P.O. BOX 25152
TAMPA FL 33622-2152

3. Date Incorporated or Qualified **04/12/1982** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business
21 5109 Rio Vista Ave.
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip **33634** Country
24 Hillsboro **25**
City & State
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 **30**

4. FEI Number **59-2177382** 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

10. Name and Address of New Registered Agent

O'TOOLE, KATHLEEN
5300 W. CYPRESS
SUITE 190
TAMPA FL 33607

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 date (Applicable)

(NOTE: Registered Agent signature is required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAND, GLENN DON	
STREET ADDRESS	RT 1, BOX 216C	
CITY-ST-ZIP	SHELLEY ID	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HENEAGE, JOHN	
STREET ADDRESS	6702 SEAFARER DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	O'TOOLE, KATHLEEN	
STREET ADDRESS	5300 W. CYPRESS #190	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96

Date

Daytime Phone #

CR2E034 (12/95)