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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90162 003 \*\*\*150.00

DOCUMENT #	F94000003195
1. Corporation Name	

VERMEE	r sales & Service, Inco	RPORATED									
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				1 (90)(90 )(5	D HAMIN ALBUM BE	ışı <b>ab</b> nı <b>sa</b> nı <b>ab</b> ın		
PO BOX 9429		PO BOX 9429				1					• .
BIRMINGHAM AL 35220 BIRMINGHAM AL 35220				DO NOT WRITE IN THIS SPACE							
						H	3. Date Incorpora				
						{	06/17/1994	•			
2. Principal P	ace of Business	2a. Mailing Addr	ess				4. FEI Number				Applied For
21		26					63-058697	7			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of S	tatus Desire	ed 🗀		Additional
22		27									Required
City & Stat	e	<del>} </del>	City & State				6. Election Camp	-	ing 🗆 -	•	<b>0</b> May Be do to Fees
Zip	Country	28		ountry		Trust Fund Contribution  8. This corporation owes the current year Inta				u to rees	
24	25	29	30	001101		ļ	Personal Prop		current year ni	Yes	□No
	9. Name and Address of Current			$\top$			10. Name and Ad		ew Registered	Agent	
				81	Name						
	/ard, stephen w			82	Street A	ddress	(P.O. Box Number	er is Not Acr	reptable)		
	W NIN MILE ROAD				66		Molo	ile_	Nwy		
PEN	SACOLA FL 32534			83							
				84	City ()					85 Zi	p Code
				1 1	re	2ns	sacola	or <u>or</u>	<u>,si : FL</u>	- 18113	2526
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida, Such chan	ae was authoriz	ed by:	the corpor	orpora	tion submits this s	tatement for ∴I hereby a	the purpose of	f changing i intment as	its registered registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.	0505, Florida St	atutes				, ,			20 , ,
SIGNATURE	<u>                                     </u>	······									
12.	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE: Registe	red Agen 3.	t signature req	quired wh	ADDITIONS/CH	IANGES TO	DATE OFFICERS A	ND DIRECT	TORS IN 12
TITLE	CB OFFICERS AND	<del></del>		DTLE	T		/IODI/IO/IO/IO			Chang	
NAME	HOWARD, CHARLES T			NAME	ļ						
STREET ADDRESS	7416 GADSDEN HWY.				ADDRESS						
CITY-ST-ZIP	TRUSSVILLE AL 35173			CITY-ST							
TITLE	P			TITLE				_		Chang	e Addition
NAME	HOWARD, STEPHEN W		2.2	NAME							
STREET ADDRESS	2500 W NIN MILE ROAD	,	2.3	STREET	ADDRESS	669	1 mobile	Hwy			
CITY-ST-ZIP	PENSACOLA FL 32534		2.	4 CITY-S	T-ZIP	Pen	sacola,	FL	32526		
TITLE	ST		ELETE 3.1	TITLE						Chang	eAddition
NAME	HOWARD, PATRICIA ANN		3.2	NAME	- 1			1)			
STREET ADDRESS	7416 GADSDEN HWY.		3.3	STREET	ADDRESS	669	1-00-0-1	1007			
CITY-ST-ZIP	TRUSSVILLE AL 35173			.CITY-S	T-ZIP	<del>fer</del>	<del>13 (CO19 , 1</del>		325a6	F7.01	- Fill Addition
TITLE	VP			TITLE	- 1					Chang	e Addition
NAME	HOWARD, R CAROL			2 NAME	\						
STREET ADDRESS	7931 HAPPY HALLOW RAOD				ADDRESS						
CITY-ST-ZIP	TRUSSVILLE AL 35173	<u> </u>		CITY-S	T-ZIP		<del></del>			[ ] Chang	e
TITLE			<b>I</b>	NAME	1					C cuard	- Lucidon
NAME					ADDRESS						
STREET ADDRESS				CITY-ST	- 1			•			
CITY-ST-ZIP TITLE		Πī		TITLE	1-417					Chang	e Addition
		4		2 NAME							
NAME					ADDRESS						
STREET ADDRESS	1										

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.