

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:35

DOCUMENT # F94000005442 (8)

1. Corporation Name

V.P.D. IV, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/19/1994
3a. Date of Last Report

4. FEI Number 68-0350327
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

Principal Place of Business Mailing Address
~~6051 SOUTH WATT AVENUE~~
~~SACRAMENTO CA 95829~~
1350 TRADEPORT DR., STE 107
JACKSONVILLE, FL 32218

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

(Signature, typed or printed name of registered agent and their address)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME SHANAHAN, TIMOTHY
STREET ADDRESS 6051 SOUTH WATT AVENUE
CITY, ST, ZIP SACRAMENTO CA

TITLE VST
NAME LANGE, HANS
STREET ADDRESS 6051 SOUTH WATT AVENUE
CITY, ST, ZIP SACRAMENTO CA

TITLE VD
NAME WITTENBERG, ROBERT
STREET ADDRESS 6051 SOUTH WATT AVENUE
CITY, ST, ZIP SACRAMENTO CA

TITLE D
NAME FRAZIER, RUSS
STREET ADDRESS 6051 SOUTH WATT AVENUE
CITY, ST, ZIP SACRAMENTO CA

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 VICE PRESIDENT
5.2 NAME MARTY JORGENSEN
5.3 STREET ADDRESS 6051 SOUTH WATT AVENUE
5.4 CITY, ST, ZIP SACRAMENTO, CA 95829 ☒ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 my name and address appeared in Block 12 or Block 13 of this report or the return or business report to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or the return or business report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

(PHONE NUMBER)