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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90124 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000510

1. Corporation Name

VLOC INCORPORATED

Principal Place of Business

Mailing Address

**7826 PHOTONICS DRIVE
NEW PORT RICHEY FL 34655
US**

**7826 PHOTONICS DRIVE
NEW PORT RICHEY FL 34655
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

25-1780903

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SACONE, STEVE
7826 PHOTONICS DRIVE
NEW PORT RICHEY FL 34655**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SACONE, STEVEN L**
STREET ADDRESS **4696 DEVONSHIRE BLVD.**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **DV** ☐ DELETE

NAME **KRAMER, FRANCIS J**
STREET ADDRESS **10491 ALLANTE COURT**
CITY-ST-ZIP **GIBSONIA PA 15044**

TITLE **DST** ☐ DELETE

NAME **MARTINELLI, JAMES**
STREET ADDRESS **104 BOWIE LANE**
CITY-ST-ZIP **VALENCIA PA 16059**

TITLE **C** ☐ DELETE

NAME **JOHNSON, PAUL J JR**
STREET ADDRESS **431 EAST SPRUCE STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **AS** ☐ DELETE

NAME **GERMAN, ROBERT D ESQ**
STREET ADDRESS **5TH FL, ONE OLIVER PLAZA**
CITY-ST-ZIP **PITTSBURG PA 15222**

TITLE ☐ DELETE

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

C
Paul J. Johnson, Jr.
422 Inness Drive
Tarpon Springs, FL 34689

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 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:

St Sacone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (722) 375-8562

CR2E034 (11/98)