

ANNUAL REPORT

1995

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONSFLORIDA
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DIVISION OF CORPORATIONS

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DOCUMENT # G54846

(2)

1. Corporation Name
VPLEX CORPORATION

Principal Place of Business

751 ENTERPRISE COURT
MELBOURNE FL 32904

Mailing Address

751 ENTERPRISE COURT
MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/19/1983

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2322296

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILSON, ROBERT H.
5011 DXIE HWY NE #A302
PALM BAY FL 32905

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TS
NAME	WILSON, CECILE E.
STREET ADDRESS	5011 DXIE HWY NE #A302
CITY-ST-ZIP	PALM BAY FL
TITLE	PD
NAME	WILSON, ROBERT H.
STREET ADDRESS	5011 DXIE HWY NE #A302
CITY-ST-ZIP	PALM BAY FL
TITLE	D
NAME	DUSSICH, EVA
STREET ADDRESS	244 VIA HAVARRE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D
NAME	MILLER, HAINES
STREET ADDRESS	5011 DXIE HWY NE #A204
CITY-ST-ZIP	PALM BAY FL
TITLE	VP
NAME	DUSSICH, GEORGE V.A.
STREET ADDRESS	244 VIA HAVARRE
CITY-ST-ZIP	MERRITT ISLAND FL
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	D
4.3 STREET ADDRESS	Christel G. Gauthier
4.4 CITY-ST-ZIP	1934 Wallace Avenue Melbourne, FL 32935
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if certified, or on an attachment with an affidavit.

SIGNATURE:

Cecile E. Wilson
Cecile E. Wilson, Secretary/Treasurer

April 5, 1995

(Date)

(407) 254-5880

(Daytime Phone #)