

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

0054688

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90110 041 ***150.00

DOCUMENT # **G63505**

1. Corporation Name

V & I MAINTENANCE CORPORATION OF CENTRAL FLORIDA



Principal Place of Business

9951 ATLANTIC BLVD
#314
JACKSONVILLE FL 32225
US

Mailing Address

P O BOX 141901
GAINESVILLE FL 32614-9011
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1983

4. FEI Number

59-2338177

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 **4405 SW 35th Terrace**

Suite, Apt. #, etc.

22

City & State

23 **Gainesville, FL**

Zip

24 **32608**

Cour try

25 **US**

2a. Mailing Address

26 **P.O. Box 141901**

Suite, Apt. #, etc.

27

City & State

28 **Gainesville, FL**

Zip

29 **32614-1901**

Country

30 **US**

9. Name and Address of Current Registered Agent

**STROHECKER, LARRY G.
1764 LIVE OAK LANE
ATLANTIC BEACH FL 32233**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **PDT** ☐ DELETE
NAME **STROHECKER, LARRY G.**
STREET ADDRESS **1764 LIVE OAK LANE**
CITY-STATE-ZIP **ATLANTIC BEACH FL 32233**

TITLE **VS** ☐ DELETE
NAME **STROHECKER, CAROL A.**
STREET ADDRESS **1764 LIVE OAK LANE**
CITY-STATE-ZIP **ATLANTIC BCH. FL 32233**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

(Larry G. Strohecker)

03/19/99

(352) 373-5628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)