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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:54

DOCUMENT # **G75516** **(6)**

1. Corporation Name
**THE VERO BEACH COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 1401 S A1A STE 202<br>P O BOX 3527<br>VERO BCH FL 32964-0527 | 1401 S A1A STE 202<br>P O BOX 3527<br>VERO BCH FL 32964-0527 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1983**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
4. FEI Number: **59-2354133** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc (22): 
Suite, Apt. #, etc (27): 
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23): 
City & State (28): 
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): 
Zip (29): Country (30): 
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**PETERS, FERGUSON E**
**1401 S A1A STE 202**
**VERO BACH FL 32963**

**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 mandatory) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | PETERS, FERGUSON E. | 12 NAME | |
| STREET ADDRESS | 956 RIOMAR DR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 14 CITY-ST-ZIP | |
| TITLE | DVP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | PETERS, GAYLE S. | 22 NAME | |
| STREET ADDRESS | 956 RIOMAR DR. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 24 CITY-ST-ZIP | |
| TITLE | DST | 31 TITLE | ☑ Change ☐ Addition |
| NAME | ENSMINGER,. ANNA LOUISE | 32 NAME | DELETE - NO LONGER OFFICER |
| STREET ADDRESS | 2830 FIRST PLACE | 33 STREET ADDRESS | OF VERO BEACH COMPANY |
| CITY-ST-ZIP | VERO BCH, FL 00000 | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☑ Addition |
| NAME | | 42 NAME | DVP |
| STREET ADDRESS | | 43 STREET ADDRESS | FREDERICK C. PETERS |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | 316 EUGENIA RD. |
| TITLE | | 51 TITLE | VERO BEACH, FL 32963 |
| NAME | | 52 NAME | ☐ Change ☑ Addition |
| STREET ADDRESS | | 53 STREET ADDRESS | DVP |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | FERGUSON E. PETERS JR |
| TITLE | | 61 TITLE | 706 SILVER SHORES RD. |
| NAME | | 62 NAME | VERO BEACH, FL 32963 |
| STREET ADDRESS | | 63 STREET ADDRESS | ☐ Change ☐ Addition |
| CITY-ST-ZIP | | 64 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 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.

**SIGNATURE:** [signature] Ferguson E. Peters **1/12/95** **407-231-4002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072444 CP