

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **H00421** (8)

1. Corporation Name

VAC-U-BLEED, INC.

55 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O ROBERT TIDBERG
121 POST ROAD
WEST PALM BEACH FL 33415-2007**

Mailing Address

**C/O ROBERT TIDBERG
121 POST ROAD
WEST PALM BEACH FL 33415-2007**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1984

3a. Date of Last Report

05/20/1994

4. FEI Number

59-2403944

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**TIDBERG, ROBERT
8115 SOUTHERN BLVD.
WEST PALM BEACH FL 33406**

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 of Agent or Registered Agent or Registered Agent or Registered Agent)

(Signature of Agent or Registered Agent or Registered Agent or Registered Agent)

(Signature of Agent or Registered Agent or Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIDBERG, ROBERT
STREET ADDRESS	8115 SOUTHERN BLVD.
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	VD
NAME	TIDBERG, SHEILA
STREET ADDRESS	8115 SOUTHERN BLVD.
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	STD
NAME	ALBURY, C.H.
STREET ADDRESS	2247 PALM BEACH LK BLVD
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	☐ Change ☐ Addition
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	☐ Change ☐ Addition
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	☐ Change ☐ Addition
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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 it bears under oath. 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:

Sheila Tidberg VO
Sheila Tidberg

4-23-95

407-686-2240

(Date) (Signature)