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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # H83008

(3)

VETTE-PROPERTY III, INC.

FILED
Apr 15 1996 8:00 am
Secretary of State

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Maille Address					T ENDRUTT DIGE FOIDS TITLE BATTL DEIDT JOTH BEDAL DIGHT OLOGE DIGHT ALDIT ANDIT ANDIT ANDIT ANDIT ANDIT ANDIT					
Principal Place	of Business	Mailing Address								
	NVENUE NORTH	5150-126TH AVENUE NORTH CLEARWATER FL 34620								
CLEARWATER FL 34620		CLEARWAIEN FL 54020			3. Date Incorporated or Qualified 10/29/1985 3a. Date of Last Report 04/14/1995					
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 59-2611580			Applied For Not Applicable	
21		Suite, Apt. #, etc.						5 Additional		
Suite, Apt. #, etc.		27			5. Certificate of Status Desired Fee Requ					
City & State		City & State	<u> </u>			6. Election Campaign Financing				
23		28			Trust Fund Contribution					
Zip	Country	Ζφ	<u> </u>	untry		8. This corporation has liability for i		under	s 199.032,	
24	25	29	30	·····		Florida Stalutes Yes 10. Name and Address of New R		acat		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New H	egistereu A	gent		
				В						
	ROBERT P.			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	126TH AVENUE NORTH			83						
CLEARV	VATER FL 34620									
				84	City		FL	85	Zip Code	
44.5	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	and 607 1509 Florida Stal	lutoc the ab	l l	amad como	ration submits this statement for the pur		 naina itr	s registered office	
or register	ed agent, or both, in the State of Florid th, and accept the obligations of, Sect	da. Such change was autho	irized by the	corpo	ration's boa	rd of directors. Thereby accept the appoint	bintment as s	egistere	ed agent. I am	
SIGNATURE _	Signature, typed or printed han elof regulared a juni	and the first of the second control of the s	Acite Han by		a deside no nome	el when renesatings	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	FORS IN 12	
TITLE	Р	DELETE	1.1	111rE				Change	e 🔲 Addition	
NAME	GORBY, BOB		1.21	NAME						
STREET ADDRESS	5150 126TH AVENUE, N		13:	STREET A	ADORESS					
CITY-ST-ZIP	CLEARWATER FL		1.4	CITY-SI	- ZIP					
TITLE	TS	DEL ETE	2.1	T:TLE				Change	€ ☐ Addition	
NAME	GORBY, MARYETTE		22	NAME						
STREET ADDRESS	5150 126TH AVENUE, N		2.3	STREET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		24	CHY-ST	- ZIP					
TITLE	D	☐ DELETE	. 3 1	TITLE] Chang	e 🗀 Addition	
NAME	HESSLER, NANCY		32	NAME						
STREET ADDRESS	1359 MONTERAY BLVD., NE	•	33	STREET	ADDRESS					
CHTY-ST-ZIP	ST. PETERSBURG FL			CHTY - ST	1 - ZIF			7.0		
TITLE		☐ DELFTE		TITLE		10000178 -04/16/36010	. 1 4 ¹	_ Chang . • 1	e 🔲 Addition	
NAME				NAME		-04/16/96niñ	บิริกิริ	7		
STREET ADDRESS					ADDRESS	***200.00		•		
CITY-ST-ZIP		- Bereze		CHY-S	1 - ZiP			Chang	ge Addition	
TITLE		☐ DELETE		TITLE			L	_ Glang	is Programm	
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		F DELFTE		CITY - SI	1 - 21F		···	Chang	ge Addition	
TITLE		DELETE		I TITL€			_			
NAME				NAME OFFICE	LDED! CO				5-96	
STREET ADDRESS					ADDRESS			4-1) IR	
CITY-ST-ZIP			64	CITY-S	T - ZIP				<u> </u>	

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 this 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 chapter, or on you attachment with an address

SIGNATURE: ___

BOD SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Gorby

4-8-96

813-573-4657

Daytime Phone #

CROFORA (12/9