

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H97914 (6)

1. Corporation Name

V & F DEVELOPERS, INC.



Principal Place of Business

**226 QUAY ASSISI DRIVE
NEW SMYRNA BEACH FL 32169**

Mailing Address

**226 QUAY ASSISI DRIVE
NEW SMYRNA BEACH FL 32169
US**

2. Principal Place of Business

2a. Mailing Address

21 102 DONLON DR
Suite, Apt. #, etc.

26 102 DONLON DR.
Suite, Apt. #, etc.

22
City & State
NEW SMYRNA FL

27
City & State
NEW SMYRNA FL

24 32168
Zip Country
25 Vol

29 32168
Zip Country
30 Volusia

3. Date Incorporated or Qualified

02/06/1986

3a. Date of Last Report

07/25/1995

4. FEI Number

59-2654530

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

9. Name and Address of Current Registered Agent

**EDWARDS, VICTORINE
226 QUAY ASSISI DRIVE
NEW SMYRNA FL 32169**

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 type for printed name of registered agent and officer applicable.

(NOTE: For Johned Agent signature required after reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP EDWARDS, VICTORINE**
STREET ADDRESS **226 QUAY ASSISI DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE
NAME **D FURHMANN, FRED**
STREET ADDRESS **226 QUAY ASSISI DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 **102 DONLON DRIVE**
1.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **102 DONLON DR**
2.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Printer #

4/28/96 904 423-5884

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