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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **J19344** **(7)**

1. Corporation Name
**VMJ, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~100 MAYFAIR PLACE~~<br>~~WINTER HAVE FL 33880~~<br>US | P O BOX 606<br>LAKE WALES FL 33859-0606<br>US |

3. Date Incorporated or Qualified: **06/13/1986**
3a. Date of Last Report: **04/01/1996**

2. Principal Place of Business
21 2500 Boy Scout Rd
22 Suite, Apt. #, etc. 1
23 City & State: Lake Wales FL
24 Zip: 33853 25 Country: U.S.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **58-1684754** ☐ 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
**CRITTENDEN, ROBERT R.**
**103 AVENUE A, N.W.**
**WINTER HAVEN FL 33880**

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARMINGTON, MARJORIE | 1.2 NAME | |
| STREET ADDRESS | 2500 BOY SCOUT RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WALES FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HADLOCK, JOANNE A | 2.2 NAME | |
| STREET ADDRESS | 3320 COLD SPRINGS RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | AUSTINBURG OH | 2.4 CITY-ST-ZIP | |
| TITLE | T ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARMINGTON, DIANE | 3.2 NAME | |
| STREET ADDRESS | 2500 BOY SCOUT RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WALES FL | 3.4 CITY-ST-ZIP | |
| TITLE | S ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARMINGTON, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 2500 BOY SCOUT RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKES WALES FL | 4.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 5.1 TITLE | ☑ Change ☐ Addition |
| NAME | MORHARD, JOE | 5.2 NAME | |
| STREET ADDRESS | ~~5001 MELROW CT~~ | 5.3 STREET ADDRESS | 6703 Pemberton View Dr |
| CITY-ST-ZIP | ~~TAMPA FL~~ | 5.4 CITY-ST-ZIP | Seffner, FL 33584 |
| TITLE | D ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARMINGTON, GEORGE III | 6.2 NAME | |
| STREET ADDRESS | 6025 WINDOVER DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

**SIGNATURE:** Marjorie Armington Marjorie Armington 3-17-97 941-696-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0394539