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

APPROVED
AND
FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **J72906** **(7)**

1\. Corporation Name

SOUTHWOLD, BELLAMY, HUDSON & COMPANY

Principal Place of Business

P.O. BOX 56345
JACKSONVILLE FL 32241-6345
US

Mailing Address

P.O. BOX 56345
JACKSONVILLE FL 32241-6345
US

3\. Date Incorporated or Qualified: **05/13/1987**

3a. Date of Last Report: **08/08/1994**

4\. FEI Number: **59-2810058** ☐ Applied For ☐ Not Applicable

2\. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt. #, etc.: 22

Suite, Apt. #, etc.: 27

City & State: 23

City & State: 28

Zip: 24 Country: 25

Zip: 29 Country: 30

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

BRIDGES, ROBIN J.
ONE SAN JOSE PLACE
SUITE 29
JACKSONVILLE FL 32257

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 [illegible] DATE

12\. OFFICERS AND DIRECTORS

TITLE	**PST**
NAME	**BRIDGES, ROBIN J.**
STREET ADDRESS	**ONE SAN JOSE PLACE, SUITE 29**
CITY-ST-ZIP	**JACKSONVILLE FL**
TITLE	**D**
NAME	**BRIDGES, ROBIN J.**
STREET ADDRESS	**ONE SAN JOSE PLACE, SUITE 29**
CITY-ST-ZIP	**JACKSONVILLE FL**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13\. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14\. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.95
DATE

904-262-9119
DAYTIME PHONE

0024131 CP

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FILED

95 [illegible] 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J75854** **(6)**

1. Corporation Name

VM INDUSTRIES, INC.

Principal Place of Business

1930 SW 9TH ST
BOCA RATON FL 33486
US

Mailing Address

1930 SW 9TH ST
BOCA RATON FL 33468
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1987**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2833368** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MOLLICA, VINCENT
1930 SW 9 STR
BOCA RATON FL 33486

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 X Vincent Mollica Pres 4/3/95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MOLLICA, VINCENT
STREET ADDRESS	1930 SW 9TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	MOLLICA, VINCENT, JR
STREET ADDRESS	1930 SW 9TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 the 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: Vincent Mollica Pres. 4/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0277683 CP