**FILE NOW: FILING FEE AFTER MAY 1 IS-$550.00**

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 APR 28 AM 11: 13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K42564** **(0)**

1. Corporation Name
**VA-LOWELL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 12630 LILLIAN HIGHWAY<br>PENSACOLA FL 32506<br>US | 12630 LILLIAN HWY<br>PENSACOLA FL 32506-8417<br>US |

3. Date Incorporated or Qualified: **10/31/1988**
3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO BOX 119
Suite, Apt. #, etc.
27
City & State
28 Lillian, AL
Zip 29 36549 Country 30

4. FEI Number: **59-2968480** ☐ 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**
GINGERICH, JACOB
12630 LILLIAN HWY
PENSACOLA FL 32506

**10. Name and Address of New Registered Agent**
81 Name
82 Street CORPORATION SERVICE COMPANY
83 1201 HAYS STREET
84 City TALLAHASSEE, FL 32301
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 Vicki Schreiber, Asst Vice President DATE 4/25/97
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 | D | ☐ DELETE | 1.1 TITLE | ☑ Change ☐ Addition |
| NAME | GINGERICH, JACOB | | 1.2 NAME | |
| STREET ADDRESS | 12630 LILLIAN HWY | | 1.3 STREET ADDRESS | 2122 CR 500 |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 CITY-ST-ZIP | Bayfield, CO 81122 |
| TITLE | | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | 800002156289--8 |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | -04/28/97--01041--005 |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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 on an attachment with an address.

**SIGNATURE:** Jacob Gingerich 4/24/97 (334)962-2018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496068