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 FEB -9 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K46668 (5)

1. Corporation Name
VSM OF VIRGINIA, INC.

Principal Place of Business	Mailing Address
8777 SAN JOSE BOULEVARD ~~BOX 5761~~ JACKSONVILLE FL 32217	8777 SAN JOSE BOULEVARD BOX 5761 JACKSONVILLE ~~FL 32217~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1988
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): P. O. Box 5761

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28): Jacksonville, FL 32247

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2916127 ☐ 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

MONROE, VAN S.
8777 SAN JOSE BLVD
JACKSONVILLE FL 32217

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	DPT	11 TITLE		☐ Change ☒ Addition
NAME	MONROE, VAN S.	12 NAME		
STREET ADDRESS	2707 CHRISTOPHER CREEK	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	S	21 TITLE		☐ Change ☒ Addition
NAME	MONROE, JANE H.	22 NAME		
STREET ADDRESS	2707 CHRISTOPHER CREEK	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	VPAS	31 TITLE	Vice President	☒ Change ☒ Addition
NAME	SNEAD, TIMOTHY	32 NAME		
STREET ADDRESS	8777 SAN JOSE BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		41 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME		42 NAME	Robert J. Wilson	
STREET ADDRESS		43 STREET ADDRESS	8777 San Jose Boulevard	
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Van S. Monroe — Van S. Monroe, President — 1/18/95 — 904/ 733-8700
SIGNATURE AND TYPED OR PRINTED NAME OF INCUMBENT OFFICER OR DIRECTOR — Date — Daytime Phone #

0010103 CP