

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 # K69464 (1)

1. Corporation Name
VECO CORPORATION



Principal Place of Business
**1736 LAKEVIEW BLVD
N FT MYERS FL 33903**

Mailing Address
**1736 LAKEVIEW BLVD
N FT MYERS FL 33903**

3. Date Incorporated or Qualified **02/27/1989** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business 2a. Mailing Address
21 **930 MONTEGO AVE** 26 **930 MONTEGO AVE. W.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 **VENICE, FL** 28 **VENICE FL**

24 Zip 25 Country 29 Zip 30 Country
34292 **FL** **34292** **SARASOTA**

4. FEI Number **59-2986147** 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

**FISHER, LEIGH M.
4002 DEL PRADO BLVD
CAPE CORAL FL 33904**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COON, ELDON	1.2 NAME	
STREET ADDRESS	POB 509 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATHENS, ONTARIO CAN	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEENSTRA, PAUL J.	2.2 NAME	
STREET ADDRESS	POB 922 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE, ONTARIO	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEENSTRA, MIKE	3.2 NAME	
STREET ADDRESS	POB 825 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE, ONTARIO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

APR 10 1996 (941) 488-2666

CR2E034 (12/95)