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**

DOCUMENT # K75946

(9)

VERING, INC.

FILED Jan 21 1997 8:00am Secretary of State



Displical Days of Degrees			·			
Principal Place of Business Mailing Addres PO BOX 2396 PO BOX 2396 CRYSTAL RIVER FL 34423-2396 CRYSTAL RIVER US US		**				
		CRYSTAL RIVER FL 34423-2396				
				3. Date Incorporated or Qualified 03/28/1989	3a. Date of Last Report 02/15/1996	
2. Principal P 21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2940438	Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State	····	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25		30		Yes No	
	9. Name and Address of Curr	ent Registered Agent		Name and Address of New Re	gistered Agent	
	ett, H. James		81 Nam	e		
511 E. PENNSYLVANIA AVE. DUNNELLON FL 32630			82 Stree	et Address (P.O. Box Number is Not Acceptab	ole)	
001	WILLIAM I E DESOR		83			
 			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statute	es, the above-name	ed corporation submits this statement for the p	urpose of changing its registered	
office or r agent. I a	registered agent, or both, in the Sta im familiar with land accept the obt	ile of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized by the corida Statutes.	orporation's board of directors. I hereby accept	of the appointment as registered	
SIGNATURE	Signature, typed or pointed name of regularized a	agent and from thapphicable (NOTE	Registered Agent signal	ure required when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
THILE	D	☐ DELETE	1.1 TOTLE		Change Addition	
NAME	SMALLRIDGE, VERA		1.2 NAME			
STREET ADDRESS	P O BOX 1198 N/A		1.3 STREET ADDRES	S		
CITY- S1 - ZIP	DUNNELLON FL		1.4 CITY - ST - ZIP			
TITLE	D NOOD O	☐ DELETE	2.1 TITLE		Change Addition	
NAME	HENIGAR, INGRID S.		2.2 NAME			
STREET ADORESS	10500 N SURREY PT		2.3 STREET ADDRES	6		
C(TY+S1-ZIP	CRYSTAL RIVER FL		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	S		
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	3		
CHY-ST-ZIP			4.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	
THILE		☐ DELETE	5 1 TITLE	·	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS	3		
Cdy-St-ZiP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS	s !		
Dity-St-ZiP			6.4 CITY - ST - ZIP			

14. I do hereby certily that the information supplied with this filling 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 Blo

SIGNATURE: