

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90072 048 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99715

1. Corporation Name
JEFF VERMILLION, INC.

Principal Place of Business
**4560 NW 90TH AVENUE
OCALA FL 34482**

Mailing Address
**4560 NW 90TH AVENUE
OCALA FL 34482**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/12/1990

4. FEI Number **65-0219709** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **2951 E HIGHWAY 318**
Suite, Apt. #, etc.
22
City & State **CITRA FL**
Zip Country
24 **32113** 25 **USA**
2a. Mailing Address
26 **2951 E HIGHWAY 318**
Suite, Apt. #, etc.
27
City & State **CITRA FL**
Zip Country
29 **32113** 30 **USA**

9. Name and Address of Current Registered Agent

**VERMILLION, JEFFERY
4560 NW 90TH AVE.
OCALA FL 34482-1823**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **2951 E HIGHWAY 318**
83
84 City **CITRA** FL 85 Zip Code **32113**

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

TITLE	DPV	<input type="checkbox"/> DELETE
NAME	VERMILLION, JEFFERY	
STREET ADDRESS	4560 NW 90TH AVE.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VERMILLION, LYNETTE W.	
STREET ADDRESS	4560 NW 90TH AVE.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2951 E HIGHWAY 318
1.4 CITY-ST-ZIP	CITRA FL 32113-2640
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2951 E HIGHWAY 318
2.4 CITY-ST-ZIP	CITRA FL 32113-2640
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Jeffery Vermillion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 **352-595-1997**
Date Daytime Phone #

CR2E034 (11/98)