

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M64445** (3)

1. Corporation Name

VERTICALS UNLIMITED, INC.



Principal Place of Business

**3306 MAGGIE BLVD.
ORLANDO FL 32811**

Mailing Address

**3306 MAGGIE BLVD.
ORLANDO FL 32811**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**BARNES, LAURENCE J.
3306 MAGGIE BLVD.
ORLANDO FL 32811**

3. Date Incorporated or Qualified

01/12/1988

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2878990

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

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

Laurence J Barnes

LAURENCE J BARNES

N/A 1-16-96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

PD
**BARNES, LAURENCE J.
3306 MAGGIE BOULEVARD
ORLANDO FL**

☐ DELETE

STD
**BARNES, CAROL LYNN
3306 MAGGIE BOULEVARD
ORLANDO FL**

☐ DELETE

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3306 MAGGIE BOULEVARD
ORLANDO FL**

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ORLANDO FL**

☐ DELETE

**BARNES, CAROL LYNN
3306 MAGGIE BOULEVARD
ORLANDO FL**

13.

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

6.5 STREET ADDRESS

6.6 CITY-STATE-ZIP

6.7 STREET ADDRESS

6.8 CITY-STATE-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:

Laurence J Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 407-649-0011

FILE

DATE OF FILING

CR2E034 (12/95)