

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Merrill
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M88533

(8)

1. Corporation Name

VICON CONSTRUCTION CORP.



Principal Place of Business

GEN JAMES REED HWY
PO BOX 600
FITZWILLIAM NH 03447

Mailing Address

GEN JAMES REED HWY
PO BOX 600
FITZWILLIAM NH 03447

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DAMON, CONRAD
1555 PALM BCH LAKES BLVD STE 1000
W PALM BCH FL 33401

3. Date Incorporated or Qualified

06/29/1988

3a. Date of Last Report

03/16/1995

4. FLE Number

65-0059462

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 606.02(2) and 606.03(1), 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 have accepted the appointment as registered agent. I am familiar with and accept the duties of Section 606.03(1), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP
NORBY, STEVEN A.
MIDDLE WINCHENDON RD.
RINDGE NH 03461

☐ DELETE

1. TITLE

☐ Change

☐ Addition

NAME

2. NAME

STREET ADDRESS

MIDDLE WINCHENDON RD.
RINDGE NH 03461

14. STREET ADDRESS

CITY-ST-ZIP

RINDGE NH 03461

14. CITY-ST-ZIP

TITLE

DT
NORBY, DAVID J.
THOMAS ROAD
RINDGE NH 03461

☐ DELETE

2. TITLE

☐ Change

☐ Addition

NAME

2. NAME

STREET ADDRESS

THOMAS ROAD
RINDGE NH 03461

24. STREET ADDRESS

CITY-ST-ZIP

RINDGE NH 03461

24. CITY-ST-ZIP

TITLE

S
NORBY, MARK L
DRAGG HILL RD.
RINDGE NH 03461

☐ DELETE

3. TITLE

☐ Change

☐ Addition

NAME

3. NAME

STREET ADDRESS

DRAGG HILL RD.
RINDGE NH 03461

34. STREET ADDRESS

CITY-ST-ZIP

RINDGE NH 03461

34. CITY-ST-ZIP

TITLE

C
EMMA, PHILIP B
12 LONG VIEW DR.
PETERBOROUGH NH 03458

☐ DELETE

4. TITLE

☐ Change

☐ Addition

NAME

4. NAME

STREET ADDRESS

12 LONG VIEW DR.
PETERBOROUGH NH 03458

44. STREET ADDRESS

CITY-ST-ZIP

PETERBOROUGH NH 03458

44. CITY-ST-ZIP

TITLE

☐ DELETE

☐ DELETE

5. TITLE

☐ Change

☐ Addition

NAME

5. NAME

STREET ADDRESS

☐ DELETE

☐ DELETE

54. STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

54. CITY-ST-ZIP

TITLE

☐ DELETE

☐ DELETE

6. TITLE

☐ Change

☐ Addition

NAME

6. NAME

STREET ADDRESS

☐ DELETE

☐ DELETE

64. STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply with the filing requirements of Section 119.07(3)(a), 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, the officer or director empowered to execute this report as required by Chapter 606, Florida Statutes, and that my name appears in Block 12 or Block 13 if change in name or address.

SIGNATURE:

David J. Norby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)