FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY 23 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00

REMITTED BY MAY 1

DOCUMENT # N35003 (5)

1. Corporation Name
FACVPR, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
FACVPR PO BOX 10175 TAMPA FL 33679-175 US	FAACVPR PO BOX 10175 TAMPA FL 33679-175 US

3. Date Incorporated or Qualified: 10/31/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2980717 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

DRIMMER, AMI
3001 W MARTIN LUTHER KING BLVD
TAMPA FL 33607

10. Name and Address of New Registered Agent

31 Name: Pam Byram
32 Street Address (P.O. Box Number is Not Acceptable): 3609 Tampa Circle East
33
34 City: Tampa FL 35 Zip Code: 33629

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: Pamela Byram — 4/10/95
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	
TITLE	~~PD~~ (D)	11 TITLE	Joel Tipton PRES (D) ☐ Change ☒ Addition
NAME	DRIMMER, AMI	12 NAME	
STREET ADDRESS	3001 W DR. MARTIN L KING BLVD	13 STREET ADDRESS	1801-B N.E. 2nd St.
CITY · ST · ZIP	TAMPA FL 33607	14 CITY · ST · ZIP	Pompano Beach, FL 33060
TITLE	DC	21 TITLE	Debra Tipton (D) ☒ Change ☒ Addition
NAME	LUI, MARK	22 NAME	
STREET ADDRESS	8088 BRETON CIRCLE	23 STREET ADDRESS	1801-B N.E. 2nd St
CITY · ST · ZIP	FT MYERS FL	24 CITY · ST · ZIP	Pompano Beach, FL 33060
TITLE	~~DC~~ (D)	31 TITLE	☐ Change ☐ Addition
NAME	LUI, KAREN	32 NAME	
STREET ADDRESS	8088 BRETON CIRCLE	33 STREET ADDRESS	
CITY · ST · ZIP	FT MYERS FL	34 CITY · ST · ZIP	
TITLE	~~TSD~~ (D)	41 TITLE	Treasurer (D) ☒ Change ☐ Addition
NAME	FOLEY, PAM	42 NAME	Pamela Byram
STREET ADDRESS	3609 TAMPA CIRCLE E	43 STREET ADDRESS	3609 Tampa Cir E -
CITY · ST · ZIP	TAMPA FL 33629	44 CITY · ST · ZIP	Tampa FL
TITLE	~~VD~~ (D)	51 TITLE	☐ Change ☐ Addition
NAME	LEVINE, PAT	52 NAME	
STREET ADDRESS	11471 SW 105 TERR	53 STREET ADDRESS	
CITY · ST · ZIP	MIAMI FL	54 CITY · ST · ZIP	
TITLE	~~DC~~ (D)	61 TITLE	☐ Change ☐ Addition
NAME	D'ANGELO, STEVE	62 NAME	
STREET ADDRESS	14617 DAYBREAK DR	63 STREET ADDRESS	
CITY · ST · ZIP	LUTZ FL	64 CITY · ST · ZIP	

REMITTED BY MAY 1 KC

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela K. Byram — 4/10/95 — 813-873-6415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005076