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

APPROVED AND FILED
95 MAY -1 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50359 (1)

1. Corporation Name
VARGA - VILET AMVETS POST 793, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1654 LAKE PANASOFFKEE FL 33538	P.O. BOX 1654 LAKE PANASOFFKEE FL 33538

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3068339 ☐ 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

PLYMESSER, JOHN H
4471 SW 129TH BLVD
BUSHNELL FL 33513

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PLYMESSER, JOHN H	12 NAME	000001493160
STREET ADDRESS	4471 SW 129TH BLVD - PO BOX 1266	13 STREET ADDRESS	-05/18/95--01028--005
CITY-ST-ZIP	BUSHNELL FL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	VILET, EVELYN	22 NAME	
STREET ADDRESS	9 WILDERNESS DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFKEE FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	NORMAN, GEORGE E	32 NAME	VD
STREET ADDRESS	RTE 1 BOX 102	33 STREET ADDRESS	STUMBORG, MAX
CITY-ST-ZIP	LAKE PANASOFFKEE FL	34 CITY-ST-ZIP	5156 E C462 WILDWOOD, FL. 34785
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	HARVEY, BERNADINE R	42 NAME	
STREET ADDRESS	930 CR 457A - PO BOX 984	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☒ Change ☐ Addition
NAME	MOOREHEAD, WILLIAM F	52 NAME	TD
STREET ADDRESS	4719 CR 118	53 STREET ADDRESS	MOOREHEAD, WILLIAM F.
CITY-ST-ZIP	WILDWOOD FL	54 CITY-ST-ZIP	15375 SE 156th Place Road WEIRSDALE, FL. 32195
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	TLS, 5/17/95	64 CITY-ST-ZIP	# DEPOSITED BY BANK

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

SIGNATURE: JOHN H. PLYMESSER John H. Plymesser 4/11/95 904-793-1110
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087980