

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005548 (1)

1. Corporation Name

VCOG, INC.

Principal Place of Business

135 EAST INTERNATIONAL SPEEDWAY BLVD.  
SUITE 22  
DAYTONA BEACH FL 32118-4677

Mailing Address

135 EAST INTERNATIONAL SPEEDWAY BLVD.  
SUITE 22  
DAYTONA BEACH FL 32118-4677

2. Principal Place of Business

2a. Mailing Address

21 1190 PELICAN BAY DR

26 1190 PELICAN BAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DAYTONA BEACH FL

28 DAYTONA BEACH, FL

Zip

Zip

24 32119

29 32119

Country

Country

USA

USA

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

FIRST REPORT

4. FEI Number

59-1282694

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)

1190 PELICAN BAY DRIVE

83

84

City DAYTONA BEACH

FL

85

Zip Code 32119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Donald F. Large*

(NOTE: Registered Agent signature required when reinstating)

3/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME CARPENELLA, PAUL  
STREET ADDRESS 927 NORTH BEACH STREET  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ DELETE

NAME HELLER, BARBARA  
STREET ADDRESS 3869 SO. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32127

TITLE D ☐ DELETE

NAME LITTLE, FLORENCE  
STREET ADDRESS 243 EAST Highbanks Road  
CITY-ST-ZIP DEBARY FL 32713

TITLE D ☐ DELETE

NAME BOLLUM, JANET  
STREET ADDRESS 112 SOUTH WOODLAND BLVD.  
CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ DELETE

NAME HAYMAN, JACK  
STREET ADDRESS P.O. BOX 100  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE D ☒ DELETE

NAME WINE, VIRGINIA  
STREET ADDRESS 1065 RIDGEWOOD AVE.  
CITY-ST-ZIP HOLLY HILL FL 32117

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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ASHER, BARON

301 S. RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114

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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:

*Florence K. Little*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

904-322-5160 X29

Daytime Phone #

CR2E037 (12/95)

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| 12. OFFICERS AND DIRECTORS |                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                     |  |
|----------------------------|----------------------------|--|---|-------------------------------------|--|
| TITLE                      | D                          | <input type="checkbox"/> DELETE            | TITLE   | D                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WILKINS, GEORGE            |  | NAME  | WILKINS, GEORGE                     |  |
| STREET ADDRESS             | P. O. BOX 39               |  | STREET ADDRESS  | 493 LAKEVIEW AVENUE                 |  |
| CITY-ST-ZIP                | LAKE HELEN FL 32744        |  | CITY-ST-ZIP   | LAKE HELEN FL 32744                 |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            | TITLE   |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VANDERGRIFT, JAMES         |  | NAME  |                                     |  |
| STREET ADDRESS             | 210 SAMS AVENUE            |  | STREET ADDRESS  |                                     |  |
| CITY-ST-ZIP                | NEW SMYRNA BEACH FL 32168  |  | CITY-ST-ZIP   |                                     |  |
| TITLE                      | D                          | <input checked="" type="checkbox"/> DELETE | TITLE   | D                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BURCH, BRUCE               |  | NAME  | WOOD, TOREATHA                      |  |
| STREET ADDRESS             | 234 SOUTH U.S. HIGHWAY 1   |  | STREET ADDRESS  | 234 SOUTH U.S. HIGHWAY 1            |  |
| CITY-ST-ZIP                | OAK HILL FL 32759          |  | CITY-ST-ZIP   | OAK HILL FL 32759                   |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            | TITLE   |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SEVER, HERBERT             |  | NAME  |                                     |  |
| STREET ADDRESS             | 720 SOUTH FIRST STREET     |  | STREET ADDRESS  |                                     |  |
| CITY-ST-ZIP                | ORANGE CITY FL 32763       |  | CITY-ST-ZIP   |                                     |  |
| TITLE                      | C/D                        | <input type="checkbox"/> DELETE            | TITLE   | C/D                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOOD, DAVID                |  | NAME  | HOOD, DAVID                         |  |
| STREET ADDRESS             | P.O. BOX 15200             |  | STREET ADDRESS  | 444 SEABREEZE BOULEVARD, SUITE 900  |  |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32115     |  | CITY-ST-ZIP   | DAYTONA BEACH FL 32118              |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            | TITLE   | D                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARNHART, DALE             |  | NAME  | BARNHART, DALE                      |  |
| STREET ADDRESS             | P.O. BOX 527               |  | STREET ADDRESS  | 115 VOLUSIA AVENUE                  |  |
| CITY-ST-ZIP                | PIERSON FL 32180           |  | CITY-ST-ZIP   | PIERSON FL 32180                    |  |
| TITLE                      | D                          | <input checked="" type="checkbox"/> DELETE | TITLE   | D                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LEDDY, JOHN                |  | NAME  | ISAAC, RON                          |  |
| STREET ADDRESS             | 4680 SOUTH PENINSULA DRIVE |  | STREET ADDRESS  | 4680 SOUTH PENINSULA DRIVE          |  |
| CITY-ST-ZIP                | PONCE INLET FL 32127       |  | CITY-ST-ZIP   | PONCE INLET FL 32127                |  |
| TITLE                      | D                          | <input checked="" type="checkbox"/> DELETE | TITLE   | D                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | WARD, JAMES                |  | NAME  | GREEN, ALLEN                        |  |
| STREET ADDRESS             | 1000 CITY CENTER CIRCLE    |  | STREET ADDRESS  | 1000 CITY CENTER CIRCLE             |  |
| CITY-ST-ZIP                | PORT ORANGE FL 32119       |  | CITY-ST-ZIP   | PORT ORANGE FL 32119                |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            | TITLE   | D                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PIGGOTTE, JOE              |  | NAME  | PIGGOTTE, JOE                       |  |
| STREET ADDRESS             | P.O. BOX 4960              |  | STREET ADDRESS  | 1672 RIDGEWOOD AVENUE               |  |
| CITY-ST-ZIP                | SOUTH DAYTONA FL 32121     |  | CITY-ST-ZIP   | SOUTH DAYTONA FL 32121              |  |
| TITLE                      | D                          | <input checked="" type="checkbox"/> DELETE | TITLE   | D                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MOORE, FREDDYE             |  | NAME  | NORTHEY, PATRICIA                   |  |
| STREET ADDRESS             | 575 FREEMONT AVENUE        |  | STREET ADDRESS  | 2310 CARSON LANE                    |  |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32114     |  | CITY-ST-ZIP   | DELTONA FL 32738                    |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE            | TITLE   | D                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COMBS, LINDA               |  | NAME  | COMBS, LINDA                        |  |
| STREET ADDRESS             | P.O. BOX 1111              |  | STREET ADDRESS  | 1200 W. INTERNATIONAL SPEEDWAY BLVD |  |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32115     |  | CITY-ST-ZIP   | DAYTONA BEACH FL 32114              |  |