

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90070 039 ****61.25

DOCUMENT # N95000005548

1. Corporation Name

VCOG, INC.

Principal Place of Business

1190 PELICAN BAY DR
DAYTONA BCH FL 32119
US

Mailing Address

1190 PELICAN BAY DR
DAYTONA BCH FL 32119
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/22/1995

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

9. Name and Address of Current Registered Agent

LARGE, DONALD F
1190 PELICAN BAY DR.
BAYTONA BCH FL 32119

10. Name and Address of New Registered Agent

81 Name **WOOD, GREGORY S.**
82 Street Address (P.O. Box Number is Not Acceptable)
1190 PELICAN BAY DRIVE
83
84 City **DAYTONA BEACH** **FL** 85 Zip Code **32119-1381**

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

Gregory S. Wood, Executive Director **4/13/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCE GREGORY	
STREET ADDRESS	12 COLOMBIA RD	
CITY-ST-ZIP	DEBARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	APGAR, ROBERT	
STREET ADDRESS	149 SOUTH RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLMAN, RANDY	
STREET ADDRESS	104 N RIVERSIDE DR	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ARTHUR WILLIAM	
STREET ADDRESS	1065 RIDGE WOOD AVE.	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUTTLEWORTH, MARK	
STREET ADDRESS	340 NEW YORK AVENUE	
CITY-ST-ZIP	LAKE HELEN, FL 32744	
TITLE	V/C/D	<input type="checkbox"/> DELETE
NAME	VANDERGRIFT, JAMES	
STREET ADDRESS	210 SAMS AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH, 32168	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCE, GREGORY	
1.3 STREET ADDRESS	168 COMMUNITY DRIVE	
1.4 CITY-ST-ZIP	DEBARY, FL 32713	
2.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	APGAR, ROBERT	
2.3 STREET ADDRESS	149 SOUTH RIDGEWOOD AVE.	
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ARTHUR, WILLIAM	
4.3 STREET ADDRESS	1065 RIDGEWOOD AVENUE	
4.4 CITY-ST-ZIP	HOLLY HILL, FL 32117	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1999
Date

(904) 322-5160
Daytime Phone #

CR2E037 (11/98)