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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P06206** **(7)**

1. Corporation Name
ORVIS SERVICES, INC.

Principal Place of Business	*Mailing Address*
ORVIS SERVICES. INC ROUTE 7A MANCHESTER VT 05254 US	1711 BLUE HILLS DR P. O. BOX 12000 ROANOAKE VA 24012-8602 US

3. Date Incorporated or Qualified: 05/29/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 CORRECT
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1711 BLUE HILLS DR
Suite, Apt. #, etc.
27
City & State
28 ROANOKE, VA
Zip 29 24012 Country 30 US

4. FEI Number: 03-0285806 ☐ 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

9. Name and Address of Current Registered Agent

A.C.G. CO.
1300 BARNETT PLAZA
201 SOUTH ORANGE AVENUE
ORLANDO FL

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 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
(If changing 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, LEIGH H.		1.2 NAME		
STREET ADDRESS	RR #4, BOX 4903		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, LEIGH H. JR		2.2 NAME		
STREET ADDRESS	RR #1, BOX 1418		2.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER CENTER VT		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, DAVID D.		3.2 NAME		
STREET ADDRESS	RD #1, BOX 1323		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VT		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VACCARO, THOMAS S.		4.2 NAME		
STREET ADDRESS	P. O. BOX 1312		4.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER CENTER VT		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CASSIDY, JOSEPH		5.2 NAME		
STREET ADDRESS	P. O. BOX 360		5.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER CENTER VT		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas S. Vaccaro THOMAS S. VACCARO 4/24/97 (540) 345-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0499024

ORVIS SERVICES, INC.

BOARD OF DIRECTORS

as of August 24, 1994

Name	Home Address	
Leigh H. Perkins	Rt 7A, Manchester, VT	05254
Leigh H. Perkins, Jr.	Rt 7A, Manchester, VT	05254
David D. Perkins	Rt 7A, Manchester, VT	05254

Orvis Services. Inc.

Officers List

Name and Title	SSN	Home Address
David D. Perkins President	300-40-4656	RD #2, Box 5151 Manchester Center, VT 05255
Leigh H. Perkins, Jr. Vice President	300-40-4653	RD # 2, Box 5152 Manchester Center, VT 05255
Thomas S. Vaccaro Secretary/Treasurer	060-32-3657	P. O. Box 1312 Manchester Center, VT 05255
Joseph Cassidy Controller	115-38-5432	P. O. Box 360 Manchester Center, VT 05255