

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90105 048 \*\*\*150.00

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DOCUMENT # P06206

1. Corporation Name

ORVIS SERVICES, INC.

Principal Place of Business

ORVIS SERVICES, INC.  
ROUTE 7A  
MANCHESTER VT 05254  
US

Mailing Address

1711 BLUE HILLS DR  
P. O. BOX 12000  
ROANOKE VA 24012  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/29/1985

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 owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

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

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 ☐ DELETE

NAME PERKINS, LEIGH H.  
STREET ADDRESS RR #4, BOX 4903  
CITY-ST-ZIP MONTICELLO FL

TITLE ☐ DELETE

NAME PERKINS, LEIGH H. JR  
STREET ADDRESS RR #1, BOX 1418  
CITY-ST-ZIP MANCHESTER CENTER VT

TITLE ☐ DELETE

NAME PERKINS, DAVID D.  
STREET ADDRESS RD #1, BOX 1323  
CITY-ST-ZIP ARLINGTON VT

TITLE ☐ DELETE

NAME VACCARO, THOMAS S.  
STREET ADDRESS P. O. BOX 1312  
CITY-ST-ZIP MANCHESTER CENTER VT

TITLE ☐ DELETE

NAME CASSIDY, JOSEPH  
STREET ADDRESS P. O. BOX 360  
CITY-ST-ZIP MANCHESTER CENTER VT

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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:

Thomas S. Vaccaro Thomas S. Vaccaro 4/30/99 540-245-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)