

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 12:22

DOCUMENT # P08553

(0)

1. Corporation Name

VITRO SERVICES CORPORATION

Principal Place of Business

VITRO SERVICES CORPORATION
INDUSTRIAL PARK
FORT WALTON BEACH FL 32548

Mailing Address

VITRO SERVICES CORPORATION
INDUSTRIAL PARK
FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/30/1985

3a. Date of Last Report

04/07/1994

4. FEI Number

59-2609328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of individual or printed name of registered agent and title (if applicable)

Title (Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
MANLEY, RICHARD A.
557 MARY ESTHER CUT-OFF
FT WALTON BCH FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VTS
GILLIS, JAMES P.
557 MARY ESTHER CUT-OFF
FT WALTON BCH FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
~~GANNON, RICHARD E.~~
~~557 MARY ESTHER CUT-OFF~~
~~FT WALTON BCH FL~~

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
~~GIMMELL, RABY O.~~
~~4000 TRACOR LN~~
~~AUSTIN TX~~

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
SKAGGS, JAMES
6400 TRACOR LN
AUSTIN TX

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☒ Change ☐ Addition

D
FACAN, DONALD L.
6500 TRACOR LANE
AUSTIN TX 78725-2000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(3)(g), 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 in Block 14 if added with an address.

SIGNATURE:

James P. Skaggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

(904) 244-7702