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Jan 29 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

537 MARY ESTHER CUTOFF
INDUSTRIAL PARK
FORT WALTON BEACH FL 32548-4038
US

3. Date Incorporated or Qualified

12/30/1985

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 537 MARY ESTHER CUTOFF
Suite, Apt. #, etc.

27 INDUSTRIAL PARK
City & State

28 FT WALTON BEACH FL
Zip

29 32548
Country

4. FEI Number

59-2609328

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

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 607.0532 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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

TITLE D
NAME FAGAN, DONALD L
STREET ADDRESS 6500 TRACOR LANE
CITY-ST-ZIP AUSTIN TX

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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 added in an attachment with an address.

SIGNATURE:

[Signature]

1/29/97 (08555320000)

CR2E034 (9/96)