

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P14543**

(3)

1. Corporation Name

**VITRO TECHNICAL SERVICES, INC.**



Principal Place of Business

Mailing Address

**INDUSTRIAL PARK  
FORT WALTON BEACH FL 32548**

**INDUSTRIAL PARK  
FORT WALTON BEACH FL 32548**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **557 MARY ESTHER CUTOFF**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

3. Date Incorporated or Qualified

**05/20/1987**

3a. Date of Last Report

**03/28/1995**

4. FCI Number

**59-2827877**

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

10. Name and Address of New Registered Agent

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 (if applicable)

Date of Signature (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
MANLEY, RICHARD L.  
INDUSTRIAL PARK  
FT. WALTON BEACH FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VTS  
GILLIS, JAMES P.  
INDUSTRIAL PARK  
FT. WALTON BEACH FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
FAGAN, DONALD L  
6500 TRACOR LANE  
AUSTIN TX**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
SKAGGS, JAMES  
6500 TRACOR LN  
AUSTIN FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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 119.07(3)(b), 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 its receiver, 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-96**

**904-244-7533**

CR2E034 (12/95)