

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 # **P22785** (0)

1. Corporation Name

LIMITORQUE CORPORATION

Principal Place of Business

Mailing Address

**5114 WOODALL ROAD
LYNCHBURG VA 24502**

**5114 WOODALL ROAD
LYNCHBURG VA 24502**



3. Date Incorporated or Qualified

01/31/1989

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

54-0489649

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 607.0502 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 NAME STREET ADDRESS CITY- ST- ZIP ☒ DELETE

**C
MIGNOGNA, THOMAS S.
217 ANTHONY HOME ROAD
HUDDLESTON VA**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☒ DELETE

**PCEO
BRENNAN, JOHN J
1612 LANGHORNE ROAD
LYNCHBURG VA**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**VPE
HYLTON, CHARLES L
322 BERG DRIVE
MADISON HEIGHTS VA**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☒ DELETE

**VPF
DUVALL, CHARLES D
108 MEREDITH PL
LYNCHBURG VA**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**VP
MAY, THOMAS F.P.
SEAGRY HS UPPR SEAGRY CH
WILTSHR SN15-5HD ENGL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**VP
VIGNOLIA, WILLIAM R
4516 OAK HOLLOW DRIVE
HIGH POINT NC**

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

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

**PCEO
FRIEL, WILLIAM J.
2426 DEER RUN
FOREST, VA 24551**

**ALGOZINE, JOSEPH M
1928 Royal Oak Drive
Lynchburg, VA 24503**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

(804)-522-9886

Date

Daytime Phone #

CR2E034 (12/95)