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FILED
May 13 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 # **P22785** **(0)**

1. Corporation Name
LIMITORQUE CORPORATION

Principal Place of Business	Mailing Address
5114 WOODALL ROAD LYNCHBURG VA 24502	5114 WOODALL ROAD LYNCHBURG VA 24502-2248

3. Date Incorporated or Qualified: 01/31/1989
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FRIEL, WILLIAM J		1.2 NAME		
STREET ADDRESS	~~2426 DEER RUN~~ 113 Huntingwood Blvd		1.3 STREET ADDRESS	113 Hunting wood Blvd	
CITY-ST-ZIP	~~FOREST VA~~ Lynchburg, VA 24503		1.4 CITY-ST-ZIP	Lynchburg VA 24503	
TITLE	VPE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HYLTON, CHARLES L		2.2 NAME		
STREET ADDRESS	322 BERG DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON HEIGHTS VA		2.4 CITY-ST-ZIP		
TITLE	VPF	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALGOZINE, JOSEPH		3.2 NAME		
STREET ADDRESS	1928 ROYAL OAK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LYNCHBURG VA		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAY, THOMAS F.P.		4.2 NAME		
STREET ADDRESS	SEAGRY HS UPPR SEAGRY CH		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILTSHR SN15-5HD ENGL		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VIGNOLIA, WILLIAM R		5.2 NAME		
STREET ADDRESS	4516 OAK HOLLOW DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH POINT NC		5.4 CITY-ST-ZIP		
TITLE	VPM	☐ DELETE	6.1 TITLE		☒ Change ☒ Addition
NAME	David L. Smith		6.2 NAME		
STREET ADDRESS	5848 Bridlewood Dr.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Roanoke VA 24018		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: [signature]