FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P38006 1. Corporation Name

VPIC, INC.

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Principal Place of Business Mailing Address					P INDESIDUE LARE ELISA INCHI CONTE MÈTE RELIE STORI SE	nri bilit bibit atati alali fedi
132 PARSONS RD LONGWOOD FL 32779 US		PO BOX 162857 ALTAMONTE SPRINGS FL 32716-2857 US		DO NOT WRITE IN THIS	SPACE	
,					 Date Incorporated or Qualified 03/23/1992 	
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26		26			59-3101197	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		This corporation owes the current year Inta	·- -
24	25	29	30		Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered A	Agent
			81	Name		
MONTGOMERY, ROBERT L.				Street Addre	ress (P.O. Box Number is Not Acceptable)	
132 PARSONS RD			82	Outer Addit	oss (1.0. Box Halling) is Not Acceptable)	•
: LON	GWOOD FL 32779		83			
			84	City		85 Zip Code
an in the and on the		•	0-4	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			_		-	
				t signature required		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P DONTCOMERY DODERT	, Detele	1.1 TITLE		• •	Change Addition
NAME	MONTGOMERY, ROBERT L.		1,2 NAME			
STREET ADDRESS	132 Parsons RD Longwood FL 32779		1.3 STREET			
CITY-ST-ZIP TITLE	LONGWOOD PL 32119		1.4 CITY-ST 2.1 TITLE	r-ZIP		Change Addition
NAME		- Dettere	2.1 TILE 2.2 NAME			
STREET ADDRESS	•		2.3 STREET	ADODECC		}
CITY-ST-ZIP	and the second second	.5	2.4 CITY-S			
TITLE		DELETE	3.1 TITLE	1-611-		Change Addition
NAME	(* 15.5) (* 15.5) (* 15.5)		3.2 NAME			
STREET ADDRESS	Wegasar T.		3.3 STREET	ADDRESS	-:	
CITY-ST-ZIP			3.4. CITY-S			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	•		4.2 NAME			

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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DELETE

DELETE

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Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90063 030 ***150.00

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407-869-6481

Change

Change

Addition

Addition

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