

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:07**

DOCUMENT # P38490 (9)

1. Corporation Name

VERNON DANIEL COMPANY

Principal Place of Business

**1401-C ALLENDALE RD.
WEST PALM BEACH FL 33405**

Mailing Address

**8805 COMMERCE COURT
MANASSAS VA 22110
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/20/1992

3a. Date of Last Report

04/07/1994

4. FEI Number

54-1056382

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

2. Principal Place of Business

21 7233 Southern Blvd.

Suite, Apt. #, etc.

22 B-2

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

City & State

23 West Palm Beach, FL

City & State

28 City & State

Zip

24 33405

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DANIEL, VERNON
1401-C ALLENDALE RD.
WEST PALM BEACH FL 33405**

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	DP
NAME	DANIEL, VERNON
STREET ADDRESS	1401-C ALLENDALE RD
CITY- ST- ZIP	WEST PALM BCH FL
TITLE	DTS
NAME	DANIEL, JOANN
STREET ADDRESS	1401-C ALLENDALE RD
CITY- ST- ZIP	WEST PALM BCH FL
TITLE	V
NAME	DEMUTH, THOMAS J
STREET ADDRESS	8805 COMMERCE COURT
CITY- ST- ZIP	MANASSAS VA
TITLE	V
NAME	COPPA, MICHAEL D.
STREET ADDRESS	1401-C ALLENDALE ROAD
CITY- ST- ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95

702/361-5525