

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 # **P40172** (9)

1. Corporation Name

VIRTEK CABLE CONTRACTORS, INC.

Principal Place of Business

~~6631 EXEG- PK COM~~
~~SUITE 101~~
JAX FL 32216
US

Mailing Address

P.O. BOX 24467
JAX FL 32241
US



3. Date Incorporated or Qualified

08/24/1992

3a. Date of Last Report

04/26/1995

4. FEI Number

43-1534545

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 **5121 Bowden Rd.**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **103**

27 Suite, Apt. #, etc.

City & State

City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VIRGIN, LISA
5235 MYRTLE LANE
NAPLES FL 33962

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

Lisa Virgin

(Signed in Virgin)

03/14/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PCD
VIRGIN, JOHN
5235 MYRTLE LANE
NAPLES FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

STD
VIRGIN, LISA
5235 MYRTLE LANE
NAPLES FL

STREET ADDRESS

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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:

Lisa Virgin

LISA VIRGIN

03/14/96

904/739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034 (12/95)