FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -4 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40237** **(0)**

1. Corporation Name
VERMEER CARIBBEAN SALES AND SERVICE, INC.

300001448693
-04/06/95--01013--022
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8311 NW 64TH ST. BAY #6 MIAMI FL 33166	8311 NW 64TH ST. BAY #6 MIAMI FL 33166

3. Date Incorporated or Qualified: **08/24/1992**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business
21 6970 WALLS RD IA
22 Suite, Apt. #, etc.
23 City & State: West Palm Beach FL
24 Zip: 33413
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State: SAME
29 Zip
30 Country

4. FEI Number: **42-1375592** ☐ 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

LYTLE, TOM
8311 NW 64TH ST. BAY #6
MIAMI FL 33166

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	BOAT, CARL	12 NAME	
STREET ADDRESS	HIGHWAY 163 WEST	13 STREET ADDRESS	
CITY-ST-ZIP	PELLA IA	14 CITY-ST-ZIP	
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	LYTLE, TOM	22 NAME	
STREET ADDRESS	8311 NW 64TH ST. BAY #6	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HUNZIKER, ROBERT M.	32 NAME	
STREET ADDRESS	TIERGARTENSTRASSE	33 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BESTEN, MERLE DEN	42 NAME	
STREET ADDRESS	5449 OLD WINTER GARDEN	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	LYTLE, TOM	52 NAME	
STREET ADDRESS	8311 NW 64TH ST. BAY #6	53 STREET ADDRESS	4/4/95 cbt
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	BOKHOVEN, MELVIN	62 NAME	
STREET ADDRESS	1320 GRESHAM RD.	63 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	64 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 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] 3/28/95 407/478/1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178050 CP