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

PROFIT CORPORATION ANNUAL REPORT

1998

VAC CON INC



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P41108 DOCUMENT #

(2)

FILED Mar 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address P.O.BOX F GREEN COVE SPRINGS FL 32043-1662 SUITE S-200 BANNOCKBURN IL 60015 US Mailing Address 2345 WAUKEGAN RD SUITE S-200 BANNOCKBURN IL 60015 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/22/1992	
P.O.BOX F GREEN COVE SPRINGS FL 32043-1662 US 2345 WAUKEGAN RD SUITE S-200 BANNOCKBURN (L 60015 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
GREEN COVE SPRINGS FL 32043-1662 US SUITE S-200 BANNOCKBURN (L 60015 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
US BANNOCKBURN (L 60015 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified	
US 3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
——————————————————————————————————————	Not Applicable
	Additional
22 Fee	Required
City & State City & State 6. Election Campaign Financing _ \$5.0	0 May Be
	d to Fees
Zip Country Zip Country 8. This corporation owes or has paid the current year	
24 25 29 30 Personal Property Tax due June 30. Yes	□ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C.T. CODOCDATION SYSTEM 81 Name	
C 1 CONFORMION 3131EM	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL 85 Zi	p Code
44. Our wast to the provisions of Sections 607 0502 and 607 1509. Elevide Statutes the above parted 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 a	as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature State Signature Signature	
Signature, typed or profited name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE	ORS IN 12
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE	
Signature, typed or profited name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE NAME Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE (NOTE Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE LESAGE, DARRELL 1.2 NAME	
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12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STRE	e Addition
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME CARROLL, D. H. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP BANNOCKBURN IL STREET ADDRESS CITY-ST-ZIP	e Addition
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Signature, syred or presend pone of registered agent and life is quickable 12. OFFICERS AND DIRECTORS TITLE P	e

indicated on this annual report or supplied with rins ming does not quality for the exemption stated in Section 119.07(3)(j), Horida 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

2/11/08