FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
95 MAY -1 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # **P92000009297 (2)**

1. Entity Name

VT HOLDINGS, INC.

Principal Address

801 LAUREL OAK DR
SUITE 640
NAPLES FL 33963

Mailing Address

801 LAUREL OAK DR
SUITE 640
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1992**

3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0374472** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Rte. — 22

Suite, Apt. # or Rte. — 27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR.
SUITE 640
NAPLES FL 33963

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 Section(s) 607.0505 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
77	D	77	☐ Change ☐ Addition
NAME	~~WOODWARD, MARK J~~	NAME	Delet Mark J. Woodward DP
STREET ADDRESS	~~801 LAUREL OAK DR., SUITE 640~~	STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES FL 33963~~	CITY-ST-ZIP	
77	D	77	☐ Change ☐ Addition
NAME	PIRES, ANTHONY P JR.	NAME	
STREET ADDRESS	801 LAUREL OAK DR., STE. 640	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
77	~~DP~~	77	☐ Change ☒ Addition
NAME		NAME	DP FERRAO, AUBREY J
STREET ADDRESS		STREET ADDRESS	4001 NORTH TAMIAMI TRAIL STE 350
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES FL 33940
77		77	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
77		77	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
77		77	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true, complete and accurate and that my electronic 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 with an asterisk (*) or on an attachment with an asterisk.

SIGNATURE: Anthony P. Pires, Jr. 4/26/95 813 566 3151

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone #

0331441 CP