

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 # P93000001472 (8)

1. Corporation Name

VCH CONTRACTING, INC.



Principal Place of Business

8801 VISTANA CENTRE DR.  
ORLANDO FL 32821  
US

Mailing Address

P.O. BOX 22197  
LAKE BUENA VISTA FL 32821-2197  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EGERTON, CHARLES H  
800 N. MAGNOLIA AVE.  
SUITE 1500  
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
12/31/1992

3a. Date of Last Report  
04/06/1995

4. FEI Number

59-3172405

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and board of directors

(NOTE: Registered Agent signature required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P  
NAME GELLEN, RAYMOND L JR.  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D/V  
NAME ADLER, JEFFREY A  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VST  
NAME AVRIL, MATTHEW E.  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE V  
NAME MCKNIGHT, JAMES A.  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE V  
NAME DAVIDSON REX A.  
STREET ADDRESS 8801 VISTANA CENTRE DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew E. Avril Vice President Secretary & Treasurer

03/18/96

407/239-3000

Date

Daytime Phone

CR2E034 (12/95)