

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000027940 (4)

1. Corporation Name
VERMOST, INC.



Principal Place of Business
9887 4TH ST. N.
SUITE 309
ST PETERSBURG FL 33702
US

Mailing Address
P.O. BOX 21686
SUITE 301
ST PETERSBURG FL 33742-1686
US

3. Date Incorporated or Qualified 04/13/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3173784	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 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

VERMOST, CRAIG A
9887 4TH STREET NORTH
SUITE 309
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name DARREN J. VERMOST	82 Street Address (P.O. Box Number is Not Acceptable) 9887 4th Street North	83 Suite 309	84 City St Petersburg	85 Zip Code FL 33702
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11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 agree to the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature] DARREN J. VERMOST

5/13/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	
TITLE	☒ DELETE	9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE	☐ DELETE	13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE	☐ DELETE	17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-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 included 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 of this report, or on an attachment with an address.

SIGNATURE:

[Signature] DARREN J. VERMOST

5/13/96

813-548-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)