FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. M[illegible]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000066253 (4)**

1. Corporation Name
VICK DEVELOPMENT, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: **09/21/93**
3a. Date of Last Report: **03/21/96**

2. Principal Place of Business
21 **P.O. BOX 6199**
22 Suite, Apt. #, etc.
23 City & State: **SARASOTA FL**
24 Zip: **34278** 25 Country

2a. Mailing Address
26 **46 N. WASHINGTON BLVD.**
27 Suite, Apt. #, etc.: **#1**
28 City & State: **SARASOTA FL**
29 Zip: **34236** 30 Country

4. FEI Number: **59-3206405** ☐ 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

10. Name and Address of New Registered Agent
81 Name: **JOHN PATTERSON**
82 Street Address (P.O. Box Number is Not Acceptable): **46 N. WASHINGTON BLVD., #1**
83 **SARASOTA FL**
84 City: **SARASOTA FL** FL 85 Zip Code: **34236**

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: [signature] May 1 97
Signature of, and printed or typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P,T VICK, MAURICE M. JR P.O. BOX 6119 SARASOTA FL 34278	☐ DELETE N/A	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,VP,S VICK, CHARLOTTE O. P.O. BOX 6119 SARASOTA FL 34278	☐ DELETE N/A	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002211755 -06/13/97--01057--015 ***165.00 6/10/97

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 addre[illegible]

SIGNATURE: [signature] PRESIDENT (941) 388-4194
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #