CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000072025 (8)

APPROVED AND FILED
95 MAY -1 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
V.P.D., INC.

Principal Place of Business	Mailing Address
3170 S.E. DOMINICA TERRACE STUART FL 34997	3170 S.E. DOMINICA TERRACE STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. # etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: 64-0453921 ☐ 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

VALLERY, STAFFARD J
3170 S.E. DOMINICA TERRACE
STUART FL 34997

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 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 (Typed or Printed name of registered agent and Title if applicable) (NOTE: Registered Agent's signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VALLERY, STAFFORD J	12 NAME	
STREET ADDRESS	3170 S.E. DOMINICA TERRACE	13 STREET ADDRESS	
CITY ST ZIP	STUART FL 34997	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	VALLERY, JANIE T	22 NAME	
STREET ADDRESS	3170 SE DOMINICA TERR	23 STREET ADDRESS	
CITY ST ZIP	STUART FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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 address.

SIGNATURE: Janie T. Vallery (SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) JANIE T. VALLERY
4-27-95 (DATE)
(407) 286-7204 (DAYTIME TELEPHONE NUMBER)

0381767 CP