

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 28 AM 8:50

DOCUMENT # P93000072025 (8)

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

728



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

Mailing Address
3170 S.E. DOMINICA TERRACE
STUART FL 34997

DO NOT WRITE IN THIS SPACE

2950 SE OCEAN BLVD

2. Principal Place of Business

21 BLDG 109 - UNIT 403

22 STUART

23 FLORIDA

24 34996

25 USA

2a. Mailing Address

26 P.O. Box 561

27 PORT SALEXNO

28 FLORIDA

29 34992

30 USA

3. Date Incorporated or Qualified
10/18/1993

3a. Date of Last Report
05/01/1996

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VALLERY, STAFFORD 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)

2950 SE OCEAN BLVD

83 BLDG 109 - UNIT 403

84 City
STUART

FL

85 Zip Code
34996

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

Stafford J. Vallery

(NOTE: Registered Agent signature required when reinstating)

July 22, 1997

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VALLERY, STAFFORD J
3170 S.E. DOMINICA TERRACE
STUART FL 34997 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VALLERY, JANIE T
3170 SE DOMINICA TERR
STUART FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
OWNER
2950 SE OCEAN BLVD. BLDG 109 - UNIT 403
STUART, FL. 34996 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DIRECTOR
GREGORY L. VALLERY
120 EAST HERMOSA DR.
SAN ANTONIO, TEXAS 78212 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
100002257181-006
-08/04/97--01163--006
****165.00 ****165.00 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 address.

SIGNATURE: Stafford J. Vallery

7/22/97 (E) 282-4569

KWM

CP2E034 (4/97)