## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

**FILED** AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 25 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P93000086421 (3) VERMEER CORPORATION Mailing Address Principal Place of Business 530 1/2 OLD MAIN ST. BRADENTON FL 34205 530 1/2 OLD MAIN ST. **BRADENTON FL 34205** DO NOT WRITE IN THIS SPACE IJS 3a. Date of Last Report 3. Date Incorporated or Qualified 12/13/1993 Applied For 2. Principal Place of Business Mailing Address Not Applicable 65-0458877 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 This corporation owes or has paid the current year Intangible Zip Country Country Zip Yes □ Ño 30 Personal Property Tax due June 30. 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name CLINE, MARGARET M. 530 1/2 OLD MAIN ST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 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 (NOTE Registered Agent aignature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition 11 TITLE TITLE 1.2 NAME NAME LEHMAN, JOHN D. STREET ADDRESS 530 1/2 OLD MAIN ST 1.3 STREET ADDRESS **BRADENTON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE STD PERKINS, ELEANOR B 2.2 NAME NAME 530 1/2 OLD MAIN ST 2.3 STREET ADDRESS STREET ADDRESS BRADENTON FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 DILE TITLE NAME CLINE, MARGARET M. 3.2 NAME 530 1/2 OLD MAIN ST 3.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZiP CITY-ST-ZIP ■ Addition DELETE TITLE 6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

NAME STREET ADDRESS

CITY - ST - ZIP

14. Ido 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 direction 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 3 changed, or on an attachment with an address.

SIGNATURE: