FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086609 (3)

1. Corporate Name
VIKING VENTURE CAPITAL CORPORATION

Principal Office Address
4332 W WATERS AVENUE
SUITE 104-B
TAMPA FL 33614

Mailing Address
4332 W WATERS AVENUE
SUITE 104-B
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City, State
23

City, State
28

24 25 29 30

4. FEI Number: 59-3248432
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. The corporation is qualified for exemption under Section 501(c) of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ERICKSON, DAN O
4332 W WATERS AVENUE
SUITE 104-B
TAMPA FL 33614

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 Section 607.0505 of Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both. The street address of its registered office and the name of its registered agent as changed, were authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
ERICKSON, DAN
5000 S HIMES AVE, 332
TAMPA FL 33611

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☒ Addition
D
MARK A. TAYLOR
11419 PALM PASTURE DRIVE
TAMPA, FL. 33635

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I certify that the information contained with this report is complete, accurate and in compliance with the requirements of Section 607.0505 of the Florida Statutes. I further certify that I am a duly authorized officer of the corporation or a director 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 in compliance with this report with an address.

SIGNATURE: 4-27-95 813-889-0218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAN O. ERICKSON

0297304 CP