SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $170)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000088644 (8)**

1. Corporation Name
VIRGOCAP, INC.

Principal Place of Business	Mailing Address
10951 GULF SHORE DR. APT. 902 NAPLES FL 33963	10951 GULF SHORE DR. APT. 902 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/29/1993
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21: 8231 Bay Colony Drive
Suite, Apt. #, etc.
22: # 1901
City & State
23: Naples, Florida
Zip 24: 33963 Country 25: USA

2a. Mailing Address
26: 8231 Bay Colony Drive
Suite, Apt. #, etc.
27: #1901
City & State
28: Naples, Florida
Zip 29: 33963 Country 30: USA

4. FEI Number: 65-0461751 ☐ 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

LAWSON, JOSEPH L
3003 TAMIAMI TRAIL NORTH
SUITE 270
NAPLES FL 33940

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SHAFFER, OREN G	1.2 NAME	Shaffer, Oren G.
STREET ADDRESS	10951 GULF SHORE DR., APT. 902	1.3 STREET ADDRESS	8231 Bay Colony Drive #1901
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	SHAFFER, EVELYNE	2.2 NAME	Shaffer, Evelyne
STREET ADDRESS	10951 GULF SHORE DR., APT. 902	2.3 STREET ADDRESS	8231 Bay Colony Drive, #1901
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	SHAFFER, OREN O	3.2 NAME	Shaffer, Oren O.
STREET ADDRESS	10951 GULF SHORE DR., APT. 902	3.3 STREET ADDRESS	2409 5th Avenue
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	Boulder, CO 80304
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SHAFFER, KATHLEEN R	4.2 NAME	
STREET ADDRESS	723 BROOK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80302	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do 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: OREN G SHAFFER 6-28-95 (813) 750 3320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163181 FP