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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 13 1997 8:00am

Secretary of State

2/10/97

401 578-1844

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000004897 (2)

VOLTAGE BUILDING SYSTEMS, INC.

Principal Place of Business Mailing Address 8302 OLD WINTER GARDEN RD 8302 OLD WINTER GARDEN RD ORLANDO FL 32835-1346 ORLANDO FL 32835 3. Date incorporated or Qualified 3a. Date of Last Report 01/01/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3215411 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032. Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHEELER, MARK M 6302 OLD WINTER GARDEN RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change ☐ DELETE Addition THUE 1.1 TITLE NAME WHEELER, MARK M 1.2 NAME 17573 DEER ISLE CIR STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL 34787-9420 CITY - ST - ZIF 14 CITY - ST - ZiP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 or an attachment with an address.