

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000037599 (5)**

1. Corporation Name
VEW ENTERPRISES, INC.



Principal Place of Business RT 1 BOX 440 WILLISTON FL 32696	Mailing Address RT 1 BOX 440 WILLISTON FL 32696-8712
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3. Date Incorporated or Qualified 04/29/1994	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business 21 21251 N.E. 75TH ST. State Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 21251 N.E. 75TH ST. Suite Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-3242915 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

WHITEHURST, V.E. JR
RT 1 BOX 440
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name BETTY W. ARNOLD
82 Street Address (P.O. Box Number is Not Acceptable) 21251 N.E. 75TH ST.
83
84 City WILLISTON
85 Zip Code FL 32696

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 *Betty W. Arnold* *Betty W. Arnold* **2-18-97**
Signature of person named in Block 9 and Block 10, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITEHURST, V. E. JR	DECEASED	1.2 NAME V.E. WHITEHURST III	
STREET ADDRESS RT 1 BOX 440		1.3 STREET ADDRESS 21151 N.E. 75TH ST.	
CITY-ST-ZIP WILLISTON FL 32696		1.4 CITY-ST-ZIP WILLISTON, FL. 32696	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE BETH W. HUBBARD VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME 112 N.E. 1ST AV.	
STREET ADDRESS		2.3 STREET ADDRESS WILLISTON, FL. 32696	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME NANCY W. ETHERIDGE	
STREET ADDRESS		3.3 STREET ADDRESS 845 N.W. 2ND AV.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP WILLISTON, FL. 32696	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME BETTY W. ARNOLD	
STREET ADDRESS		4.3 STREET ADDRESS 21251 N.E. 75TH ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP WILLISTON, FL. 32696	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: *Betty W. Arnold* *Betty W. Arnold* **2/18/97** **352-528-3623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)