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 PM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071119 (9)**

1. Corporation Name
VICKERS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
7731 OLD FLORAL CITY ROAD FLORAL CITY FL 34436-0296	7731 OLD FLORAL CITY ROAD FLORAL CITY FL 34436-0296

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report: New Corp.

2. Principal Place of Business
21 7745 S. Florida Ave
22 Suite, Apt. #, etc.
23 City & State: Floral City Fl
24 Zip: 34436 25 County: USA

2a. Mailing Address
26 P.O Box 912
27 Suite, Apt. #, etc.
28 City & State: Floral City Fl
29 Zip: 34436 30 County: USA

4. FEI Number: 59-3277236 ☐ 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

KOVACH, MICHAEL T
7731 OLD FLORAL CITY ROAD
FLORAL CITY FL 34436-0296

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 (Typed or printed name of registered agent as listed in 9 above) (New Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VICKERS, CHARLES W III	12 NAME	
STREET ADDRESS	6351 S INLET POINT	13 STREET ADDRESS	
CITY ST ZIP	FLORAL CITY FL 34436	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VICKERS, JESSIE	22 NAME	
STREET ADDRESS	6351 S INLET POINT	23 STREET ADDRESS	
CITY ST ZIP	FLORAL CITY FL 34436	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 11 or Block 14 if changed or added to the report.

SIGNATURE: Charles W. Vickers III Charles W. Vickers 5-1-95 904-344-8867
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE TELEPHONE NUMBER

0052104 CP