

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 15 1998 8:00am
Secretary of State

DOCUMENT # P94000073385 (4)

1. Corporation Name

VIRTUAL ENGINEERING SOLUTIONS, INC.



Principal Place of Business

7905 S.W. 103RD AVENUE
GAINESVILLE FL 32608

Mailing Address

7905 S.W. 103RD AVENUE
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

4. FEI Number

59-3272417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6740 Mt. Vernon Dr.

Suite, Apt. #, etc.

22

City & State

23 Melrose, FL

Zip

24 32666

Country

25

2a. Mailing Address

26 6740 Mt. Vernon Dr.

Suite, Apt. #, etc.

27

City & State

28 Melrose, FL

Zip

29 32666

Country

30

9. Name and Address of Current Registered Agent

GILLESPIE, W. THOMAS
7905 S.W. 103RD AVENUE
GAINESVILLE FL 32608

81 Name

Gillespie, W. Thomas

82 Street Address (P.O. Box Number is Not Acceptable)

6740 Mt. Vernon Dr.

83

84 City

Melrose

FL

85 Zip Code

32666

10. Name and Address of New Registered Agent

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

W. Thomas Gillespie

W. Thomas Gillespie, President

7/6/98

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GILLESPIE, W THOMAS
STREET ADDRESS 7905 S W 103RD AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE

NAME REEVER, BRIAN
STREET ADDRESS 732 NW 6TH DR
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 6740 Mt. Vernon Dr.

1.3 STREET ADDRESS Melrose, FL 32666

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 7151 NE 8th Dr.

2.3 STREET ADDRESS Boca Raton, FL 33487

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

W. Thomas Gillespie

7-6-98 352-475-3763

CR2E034 (5/98)