

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000079846 (9)**

1. Corporation Name

VIDATEC ENTERPRISES, INC.

Principal Place of Business

**2396-A RYAN PLACE
TALLAHASSEE FL 32308**

Mailing Address

**POST OFFICE BOX 10597
TALLAHASSEE FL 32302
US**



2. Principal Place of Business
21 **131 N. Gadsden Street**
Suite, Apt. #, etc.

City & State
23 **Tallahassee, FL**

Zip Country
24 **32301 USA**

2a. Mailing Address
26 **P.O. Box 10597**
Suite, Apt. #, etc.

City & State
28 **Tallahassee, FL**

Zip Country
29 **32302 USA**

3. Date Incorporated or Qualified
10/31/1994

3a. Date of Last Report
04/26/1995

4. FEI Number
59-3293042

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

**CROWLEY, KEVIN X
131 N. GADSDEN STREET
TALLAHASSEE FL 32301**

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

Signature of person performing the filing (check one):

(If filer is Registered Agent, check one):

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEGER, MELIND S	
STREET ADDRESS	2396-A RYAN PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	☐ DELETE
NAME	CROWLEY, KEVIN X	
STREET ADDRESS	131 N. GADSDEN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☐ Change ☐ Addition
2. NAME	Melinda S. Crowley	
3. STREET ADDRESS	131 North Gadsden Street	
4. CITY-ST-ZIP	Tallahassee, FL 32301	☐ Change ☐ Addition
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		☐ Change ☐ Addition
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		☐ Change ☐ Addition
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		☐ Change ☐ Addition
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		☐ Change ☐ Addition

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)(g), 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96

691-3233

CR2E034 (12/95)