

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000083105

1. Corporation Name

VISTA IV CONSTRUCTORS, INC.

Principal P ace of Business	
100 VISTA ROYALE BLVD	

Mailing Address

400 LICTA BOVALE DI UD

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 009 ***150.00



VERO BEACH FL 32962		VERO BEACH FL 3296		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
				Date Incorporated or Qualifed 11/14/1994			
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0534594	Not Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Couritry 25	Zip 29	Country 30	This corporation owes the current year in Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	10. Name and Address of New Registered Agent				
6606 2	PHILIP H JR.			reet Address (P.O. Box Number is Not Acceptable)			
VERO BEACH FL 32966-8613			83				

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 a pept the obligations of, Section 607.0505, Florida Statutes.

City

010111711115					Į.
SIGNATURE	Signature, typed or printed name of registered agen a	nd title if applicable (NOT E: R	egistered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	Chang	Addition
NAME	EWING, RONALD E		1.2 NAME		
STREET ADDRESS	22 FOREST PARK DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1,4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Chang	e
NAME	GASKILL, ROBERT L		2.2 NAME		
STREET ADDRESS	28 FOREST PARK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	31 TITLE	☐ Chang	Addition
NAME	KURTZ, JOHN C		3 2 NAME		
STREET ADDRESS	100 VISTA ROYALE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32962		3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Chang	Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Chang	e 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		i
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Chang	e 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 of 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 change 1, or on an attact then with an address, with all other like empowered.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Kurtz 4/23/99 561-562-9031

85 Zip Code