

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 15 1996 8:00 am
Secretary of State

DOCUMENT # P94000083569 (1)

1. Corporation Name

VRP INDUSTRIES, INC.



Principal Place of Business

3315 SEAWAY DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

3315 SEAWAY DRIVE
NEW PORT RICHEY FL 34652

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3283955

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

10. Name and Address of New Registered Agent

V.R. PORTER
3315 SEAWAY DR.
NEWPORT RICHEY FL 34652

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, typed or printed name of registered agent and form if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ DELETE

NAME PORTER, V R
STREET ADDRESS 3315 SEAWAY DRIVE
CITY-STATE-ZIP NEW PORT RICHEY FL 34652

2.1 TITLE DVST ☒ DELETE

NAME EVANS, CAROL R
STREET ADDRESS 3315 SEAWAY DRIVE
CITY-STATE-ZIP NEW PORT RICHEY FL 34652

3.1 TITLE ☐ DELETE

4.1 TITLE ☐ DELETE

5.1 TITLE ☐ DELETE

6.1 TITLE ☐ DELETE

7.1 TITLE ☐ DELETE

8.1 TITLE ☐ DELETE

9.1 TITLE ☐ DELETE

10.1 TITLE ☐ DELETE

11.1 TITLE ☐ DELETE

12.1 TITLE ☐ DELETE

13.1 TITLE ☐ DELETE

14.1 TITLE ☐ DELETE

15.1 TITLE ☐ DELETE

16.1 TITLE ☐ DELETE

17.1 TITLE ☐ DELETE

18.1 TITLE ☐ DELETE

19.1 TITLE ☐ DELETE

20.1 TITLE ☐ DELETE

1.1 TITLE DPST ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-96 813-846-1382

CR2E034 (12/95)