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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000086546 (6)**

1. Corporation Name

VIBRA FLOAT, INC.

Principal Place of Business	Mailing Address
7136 S. DEERHAVEN ROAD SOUTHPORT FL 32409	7136 S. DEERHAVEN ROAD SOUTHPORT FL 32409

3. Date Incorporated or Qualified: **11/28/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 4312 GREENLEAF CIR
Suite, Apt. #, etc. 22:
City & State 23: PANAMA CITY, FL
Zip 24: 32404 Country 25: USA

2a. Mailing Address
26: 4312 GREENLEAF CIR
Suite, Apt. #, etc. 27:
City & State 28: PANAMA CITY, FL
Zip 29: 32404 Country 30: USA

4. FEI Number: **59-3278664** ☐ 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

BANKS, DONALD J
434 MAGNOLIA AVENUE
PANAMA CITY FL 32402

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, type or print name of registered agent) (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MICHELS, RAYMOND J		1.2 NAME	MICHELS, RAYMOND J	
STREET ADDRESS	1427 S EVERGREEN AVE		1.3 STREET ADDRESS	4312 GREENLEAF CIRCLE	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL		1.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, GLENN		2.2 NAME		
STREET ADDRESS	7000 HWY 77		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOCKERY, DARYL		3.2 NAME		
STREET ADDRESS	RT 2 BOX 2200		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONCE DE LEON FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Raymond J Michels RAYMOND J. MICHELS PRESIDENT 4-30-96 904-747-1992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #