

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

DOCUMENT # P95000005618 (0)

1. Corporation Name

VENTURE CAPITAL PARTNERS CORP.



Principal Place of Business

455 INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640

Mailing Address

455 INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0553699

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

ARSENAULT, KENNETH G JR.
10225 ULMERTON RD.
SUITE 2
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

William G. Buckles

82

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

455 N. Indian Rocks Road

83

84 City

Belleair Bluffs

FL

85

Zip Code
34640

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 officer, director, or registered agent and street address)

(NOTE: Registered Agent signature required for entries/changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ARSENAULT, KENNETH G JR.
10225 ULMERTON RD., STE. 2
LARGO FL 34641

☒ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

William G. Buckles
455 N. Indian Rocks Road
Belleair Bluffs, FL 34640

☐ Change ☒ Addition

David M. Veltman
455 N. Indian Rocks Road
Belleair Bluffs, FL 34640

☐ Change ☒ Addition

Greg D. Veltman
455 N. Indian Rocks Road
Belleair Bluffs, FL 34640

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(k), 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, unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-95

813/585-6333

Daytime Phone

CR2E034 (12/95)