FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000009870**1. Corporation Name

VIBBER VINYL, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90050 031 ***150.00



							HAB TOTOL OLUH BOKKI	lahik talih adili t		USIA IUUKIA UUNI IUUS
Principal Place of Business Mailing Address						i				
P.O. BOX 431 206 N 3RD ST.										
LADY LAKE FL	LEESBURG FL 34748	JRG FL 34748			DO NOT WRITE IN THIS SPACE					
						3. Date Incorpor				
						01/27/199				ł
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For				Applied For
	— ·	mig Address			1.45			Not Applicable		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						33 323410				5 Additional
						5. Certificate of S	Status Desired			Required
22 27 City & State City & State						6. Election Camp	palan Financina	 i	\$5.0	0 May Be
<u> </u>		28	¬ ´			Trust Fund Co				ed to Fees
Zip	Country		Zip Country					rent vear inta	angible	
	25	29	30	,		This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curre		1901	701		10. Name and Address of New Registered Agent				
	3. Name and Address of Guite	The register our regular		81	Name				- 	
JAN	S, RICHARD C			_						
380 W. ALFRED STREET				82	Street Add	dress (P.O. Box Numb	er is Not Accep	table)		
TAVARES FL 32778			}	83						
17.07	THE TE SELLS		}			_				
				84	City		•	FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statut	es, the ab	ove	-named cor	rporation submits this s	statement for the	e purpose of	changing	its registered
office of re	enistered agent or both in the State	e of Florida. Such change was a	uthonzed	bv t	the corporal	tion's board of director	s. I hereby acce	ept the appoir	itment as	registered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, Flo	nua Siaiu	ies.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	: Registered A	- 	t signature requi	ired when reinstating)		DATE		
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Р	☐ DELETÉ	1.1 T/T	.E					Chang	ge 🔲 Addition
NAME	VIBBER, SALLY S		1.2 NAA	۸E						
STREET ADDRESS	50 504 404 444		1.3 STREET		ADDRESS					1
	LADY LAKE FL 32158		1	1.4 CITY-ST-ZIP						
CITY-ST-ZIP			2.1 TIT	_	-				Chang	ge 🔲 Addition
)	'		2.2 NA							
NAME	VIBBER, STEVEN N			2.3 STREET ADDRESS						}
STREET ADORESS	PO BOX 431 N/A		2.4 CITY-ST-ZIP					-		
CITY-ST-ZIP	LADY LAKE FL 32158			_		57			Chang	e Addition
TITLE			1	3.1 TITLE 3.2 NAME		ر د				, _
NAME	VIDDLII, WILLIAM O				ADDOESS					
STREET ADDRESS	10 00% 1011				ADDRESS					
CITY-ST-ZIP	LADY LAKE FL 32158	NO DELETE	3.4. CIT	_	i-ZIP				Chang	ge Addition
TITLE	ST	DELETE	4.1 TIT		-					
NAME	VIBBER, JOHN W		4. 2 NA							
STREET ADDRESS	PO BOX 431 N/A				ADDRESS					
CITY-ST-ZIP	LADY LAKE FL 32158		4.4 CIT		-ZIP			-	Chang	ge Addition
TITLE	V	☐ DELETE	5.1 TITE							- LAUGRON
NAME	JANS, RICHARD C		5.2 NAM		ADDDESS					
STREET ADDRESS	PO BOX 1070 N/A				ADDRESS	Tallaner	<i>Ei</i> 2	2778		
CITY-ST-ZIP	LADY LAKE FL 32778		5.4 CIT		-ZIP	TAVARES	rL 3	L 1 10	Chang	e Addition
TITLE		☐ DELETE							спапр	te (TAGORIO))
NAME			6.2 NA							
STREET ADDRESS			6.3 STF	REET	ADDRESS					ł
1			E 640T	V 07	ו מודי					

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: