

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014118 (0)

1. Corporation Name

VI-ANN, INC.



Principal Place of Business

Mailing Address

1103 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

1103 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified
02/17/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

SEMINOLE

29

30

SEMINOLE

4. FEI Number

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

HERR, ORVILLE G
1103 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

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 (if applicable)

(NOTE: Registered Agent Signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
HERR, MARTHA E
STREET ADDRESS
1103 E. ALTAMONTE DRIVE
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32701

12 NAME
13 STREET ADDRESS

TITLE ☐ DELETE

14 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
HERR, ORVILLE G
STREET ADDRESS
1103 E. ALTAMONTE DRIVE
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32701

2.1 TITLE
22 NAME
23 STREET ADDRESS

TITLE ☐ DELETE

24 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS

TITLE ☐ DELETE

34 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS

TITLE ☐ DELETE

54 CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 407-834-2261

CR2E034 (12/95)