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FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000031682 (4)

1. Corporation Name

VIRTUAL LISTENING SYSTEMS, INC.

Principal Place of Business

4550 N.W. 6TH STREET  
GAINESVILLE FL 32609

Mailing Address

4550 N.W. 6TH STREET  
GAINESVILLE FL 32609-1742



2. Principal Place of Business

21 4637 NW 6th Street

2a. Mailing Address

26 4637 NW 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Gainesville, Florida

City & State

28 Gainesville, Florida

Zip

24 32609

Country

25 USA

Zip

29 32609

Country

30 USA

9. Name and Address of Current Registered Agent

TUCKER, TIMOTHY J  
4550 N.W. 6TH STREET  
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

04/02/1996

4. FEI Number

59-3313328

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

10. Name and Address of New Registered Agent

81 Name

Timothy J. Tucker

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

4637 NW 6th Street

83

84 City

Gainesville

FL

85 Zip Code

32609

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: Timothy J. Tucker, President and Director, March 25, 1997

(Signature typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TUCKER, TIMOTHY J	
STREET ADDRESS	4550 N.W. 6TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCKER, CHRISTINE M.	
STREET ADDRESS	4550 NW 6TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Timothy J. Tucker	
1.3 STREET ADDRESS	4637 NW 6th Street	
1.4 CITY - ST - ZIP	Gainesville, FL	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christine M. Tucker	
2.3 STREET ADDRESS	4637 NW 6th Street	
2.4 CITY - ST - ZIP	Gainesville, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 (352) 379-0807

Date

Daytime Phone #

CR2E034 (9/96)