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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

P95000044921 (1) DOCUMENT # 1. Corporation Name

VERONA HOUSE, INC.

Principal Place	of Business	Mailing Address			
201 SOUTH MAIN STREET BROOKSVILLE FL 34601		201 SOUTH MAIN STREET BROOKSVILLE FL 34601			
5 Pine d D				06/12/1995	Ba. Date of Last Report FIRST REPORT
2. Principal Pla 21	ace of Business	<b>2a.</b> Maling Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	Suite Apt. #, etc		59-3320249	Not Applicable
22		27 Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State	}	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intar	
24	Q Name and Address of Curre	29	30	Florida Statutes 🔀 Yes 🗌	] No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regi	stered Agent
HOGAN	, THOMAS S JR.		81 Name		
	i, inumas s jr. ITH Broad Street		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
	SVILLE FL 34601		83		
D1100	Office Te Office		00		
			84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statul	tes the above named como	ration submits this statement for the purpose	<u> </u>
or registere familiar with	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	idu. Such change was authoriz	ed by the corporation's boa	ration submits this statement for the purposi rd of directors. Thereby accept the appointn	ਰ of changing its registered office nent as registered agent. I am
SIGNATURE	if and covered the confidence of con-	TION DOT, COCO, A IONOR ORIGINA	3.		
	Signature, typest or portion name or regularized agor	Parest Devices prison in the William (No.	TIE Birgi Scred Agent signal de requee	disoratives slate in	DATE
12.	OFFICERS AN	O DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	☐ DELETE	1 1 T'fi F		Change Addition
NAME	BOYD, ROBERT L		1.2 NAME		
STREET ADDRESS	25 NATELLE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 CITY - ST ZIP		
TITLE	D DANIE II	☐ DELÉTE	2 1 TITLE		Change Addition
NAME	BOYD, JANIS H		2.2 NAME		_
STREET ADDRESS	25 NATELLE AVE.		2.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	BROOKSVILLE FL 34601	Fibriti	2 4 CITY - ST - ZIP		·
NAME		☐ DELFTE	3 1 TIFLE		Change Addition
STREET ADDRESS			3.2 N4MF		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4.0-TY-ST-ZIP		
NAME		El mili	4 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS		
THILE	7,500	DELETE	4.4 CHY - ST. ZIP 5.1 TIBLE		F1 04 F7 444
NAME		<b></b>	5.2 NAME		Change Addition
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		□ vivingo □ viao tion
STREFT ADDRESS			6.3 STREET ADDRESS		
C(TY-ST-ZIP			6 4 CITY-ST ZIP		
oath; that La	certify that the information supplied whe information indicated on this annual man officer or director of the corpo slock 12 or Block 13 if changed, or c	ration or the receiver or tructor	something a deep and according	x the exemption stated in Section 119.07(3); e and that my signature shall have the same report as required by Chapter 607, Florida	k), Florida Statutes. I further legal effect as if made under Statutes; and that my name

SIGNATURE:

4/30/96 an 362-796-4001