

5-5-97 B 6258 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 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 # P95000056135 (3)

1. Corporation Name
JOHN VAILLANCOURT, INC.

Principal Place of Business

1621 SUMMERDALE DR
#1104
CLEARWATER FL 34624
US

Mailing Address

P.O. BOX 7002
CLEARWATER FL 34618-7002



2. Principal Place of Business

21 1621 SUMMERDALE DR S.

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER FL

Zip

24 34624

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

07/19/1995

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0597390

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

VAILLANCOURT, JOHN
501 E. BAY DR.
#1104
LARGO FL 34840

10. Name and Address of New Registered Agent

81 Name

VAILLANCOURT, John

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

1621 SUMMERDALE DR

83

84 City

CLEARWATER

FL

85 Zip Code

34624

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME VAILLANCOURT, JOHN
STREET ADDRESS 501 E. BAY DR., #1104 1621 Summerdale Dr S
CITY-ST-ZIP LARGO FL 34840 CLR, FL 34624
☐ DELETE

TITLE VP
NAME VAILLANCOURT, KELLY
STREET ADDRESS 501 E. BAY DR., #1104 1621 Summerdale Dr S
CITY-ST-ZIP LARGO FL 34840 CLR, FL 34624
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Kelly Vailancourt

CR2E034 (9/96)