

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065757 (3)

1. Corporation Name

VERNON GROUP, INC.



Principal Place of Business

Mailing Address

455 INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640

455 INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640

2. Principal Place of Business

2a. Mailing Address

21 2600 Douglas Road
Suite, Apt. #, etc.

26 2600 Douglas Road
Suite, Apt. #, etc.

22 803
City & State

27 803
City & State

23 Coral Gables, FL
Zip Country

28 Coral Gables, FL
Zip Country

24 33134 25 USA

29 33134 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

4. FEI Number

65-0605830

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

ARSENAULT, KENNETH G JR.
10225 ULMERTON RD., STE. 2
LARGO FL 34641

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ARSENAULT, KENNETH G JR.
STREET ADDRESS 10225 ULMERTON RD., STE. 2
CITY-ST-ZIP LARGO FL 34641 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☐ Change ☒ Addition
1.2 NAME William G. Vernon
1.3 STREET ADDRESS 2600 Douglas Rd, Ste 803
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE Vice President/Treas/Dir ☐ Change ☒ Addition
2.2 NAME Jane D. Vernon
2.3 STREET ADDRESS 2600 Douglas Rd., Ste 803
2.4 CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Xavier Rosales
3.3 STREET ADDRESS 2600 Douglas Rd Ste 803
3.4 CITY-ST-ZIP Coral Gables, FL 33134

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 800001838178 ☐ Change ☐ Addition
5.2 NAME -05/24/96--01028--031
5.3 STREET ADDRESS ***225.00
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 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

Date

Daytime Phone #

CR2E034 (12/95)