

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000075715 (9)

1. Corporation Name

VIA OF MERRITT ISLAND, INC.



Principal Place of Business

Mailing Address

500 AIRPORT RD.
MERRITT ISLAND FL 32952

500 AIRPORT RD.
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified
09/28/1995

3a. Date of Last Report
9/94

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

2. Principal Place of Business

2a. Mailing Address

21 900 AIRPORT ROAD
Suite, Apt. #, etc

26 SAME
Suite, Apt. #, etc

22 City & State

27 City & State

23 MERRITT ISLAND

28

24 Zip 32952

25 Country BRV

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENAUD, VERNER J
1812 WINDSONG TRL.
MERRITT ISLAND FL 32952

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 in row of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

AUG 5, 1996

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RENAUD, VERNER J
STREET ADDRESS 1812 WINDSONG TRL.
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ DELETE

TITLE DST
NAME BUBECK, IRV
STREET ADDRESS 90 SKYLARK
CITY-ST-ZIP MERRITT ISLAND FL 32953

☐ DELETE

TITLE DVP
NAME JENKINS, DAVID H.
STREET ADDRESS 1449 VICTORIA BLVD.
CITY-ST-ZIP ROCKLEDGE, FL. 32955

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 617, 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

DATE OF FILING

AUG 5, 1996