FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF A DOCUMENT # P95000086965 (7) VADCON, INC.

Principal Place of Business

Mailing Address

5811 PELICAN BAY BLVD. STE 625 NAPLES FL 34108-2752 5811 PELICAN BAY BLVD. STE 625 NAPLES FL 34108-2752 FILED Apr 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS COACE

| 05 | | | | | | | |
|---|--|-------------------------------------|--------------------------|---|---|------------------|--|
| | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | 11/13/1995 | | |
| | lace of Business | 2a. Mailing Address | | A - | 4. FEI Number Appl | ied For | |
| 21 377 | CITATION POINT | | 7701 | POINT | 0000000 | Applicable | |
| Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired S8.75 Ad | | |
| 22 STE 206 27 STE 206 | | | | | Fee Requ | uired | |
| City & State | | | PL | | 6. Election Campaign Financing \$5.00 M | lay Be | |
| 23 MA | | 28 7777 203 7 | | | Trust Fund Contribution Added to | Fees | |
| 24 3404 25 US 21 34104 | | | _ Countr | Y , 5 C | 8. This corporation owes or has paid the current year Intan | igible | |
| 24 25 29 3 | | | | | | No | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | |
| CARPENTER, ROY R JR. | | | | 81 Name | | | |
| 13167 VALEWOOD DRIVE NAPLES FL 33999 | | | 8: | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | " | | | | |
| | | | 83 |) | | | |
| | | | | | | | |
| | | | 84 | City | FL 85 Zip Co | de | |
| 11 Purcuant | to the provisions of Sections 607 050 | 2 and 607 1508 Florida Statutos | the show | o namod or | | rapidarad | |
| office or r | egistered agent, or both, in the State | of Florida. Such change was aut | horized b | y the corpor | orporation submits this statement for the purpose of changing its reation's board of directors. I hereby accept the appointment as re | gistered | |
| agent. I s | m familiar with, and accept the obliga | ations of, Section 607.0505, Florid | da Statute | S. | ,,, | • | |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered age | | | ent signature rec | quired when reinstaling} DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| TITLE | DP | DELETE | 1.1 TITLE | | Change | Addition | |
| NAME | CARPENTER, ROY R JR. | | 1.2 NAME | | | | |
| STREET ADDRESS | 13167 VALEWOOD DRIVE | | 1.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change | Addition | |
| NAME | | | 2.2 NAME | | | | |
| STREET ADORESS | | | 2.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 3.1 TITLE | | Change | Addition | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-SI-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 3.4. CITY - 4.1 TITLE | ai-zir | Change | Addition | |
| NAME | | L been | | . | C change (| \\\\ \Capition \ | |
| | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | 1 00.000 | 4.4 CITY- | ST-ZIP | ······································ | T 7 200 | |
| THTLE | | ☐ DELETE | 5.1 TITLE | | Change [| Addition | |
| NAME | | : | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 54 CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 61 TITLE | | Change [| Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | |
| CITY ST ZIP | | | 6.4 CITY- | | | | |
| 2011 UT &II | | | V-7 UTI (*- | 01720 | | | |

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 and attachment with an address.

CIONATURE.

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