FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS



FLORIDA DEPARTMENT OF STATE

Jun 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087451 (7)

V.H. JR & ASSOCIATES, INC.

Principal Place of Business 2734 36TH AVENUE E BRADENTON FL 34208 US		Mailing Address P.O. BOX 77244 TAMPA FL 33675-2244 US			
				3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report 08/08/1996
	Place of Business	2a. Mailing Address		4- [E] Number	Applied For
21 Sulte, Apt.	#, etc	Suite: Apt. #, etc.		65-0622610	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & Statu		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for in Florida Statutes	hlangible tax under s. 199.032.
	9. Name and Address of Currer			10. Name and Address of New Reg	
CAS	EY, WANDA D		81 Name	Naved Mc D. To	
	BENJAMIN ROAD		82 Street Add	David Mc Quay IR dress (P.O. Box Number is Not Acceptable	0)
, sun		,	((0	N. Lincoln AVE	
TAM	PA FL 33634		83		
			84 City		FL 85 Zip Code
N1. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607 05.0 egistered againt, or both, it the State of familiar with, and accoupt the oblig	22 and 607.1508, Florida Sta of Florida. Such change via ations of, Saraton 507.0506,	tutes, the above-named column as authorized by the corpora Florida Statules.	rporation submits this statement for the pu alion's board of directors. I hereby accept JUN 3 1997	urpose of changing its registered the appointment as registered
	Signature types or punted name of recovered the		NOTE Registered Agent signature requ	urred when re-nstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	PVST HOUSTON, VILLARD JR	LIVELETE	1.1 1111.1		L_ Change Addition
STREET ADDRESS	6820 BENJAMIN ROAD		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 THLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Doner	2. 4 CITY - ST - 7IP		
TITLE NAME		☐ DETEIE	3 1 111(E		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHTY-S1-ZIP		
TITLE		OELETE	411016		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.9 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4.0(1Y-ST-ZIP		
TITLE		DELETE	5.1 HILE		Change Addition
NAME STOCCT ADDDCCC	•		5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	5.4 City-St-7iP 6.1 Title		Change Addition
NAME		CA Second	G D NAME		C counting C Vocation

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 logal effect as if made under eath; 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.

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6.3 STREET ADDRESS