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 # **P95000091190 (5)**

1. Corporation Name
VANGUARD OF CHARLOTTE COUNTY, INC.

Principal Place of Business
146 MECCA ST
PORT CHARLOTTE FL 33952

Mailing Address
146 MECCA ST
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 11/28/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 18200 Paulson Dr.
Suite, Apt. #, etc.
22 Unit 6
City & State
23 Port Charlotte, Fl
Zip 24 33954 Country 25 Charlotte

2a. Mailing Address
26 P.O. Box 380912
Suite, Apt. #, etc.
27
City & State
28 Murdock, Fl
Zip 29 33938 Country 30 Charlotte

4. FEI Number: 65-0620585 ☐ 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**

SHIRLEY, KEVIN C
126 E OLYMPIA AVE SUITE 304
PUNTA GORDA FL 33950

10. **Name and Address of New Registered Agent**

81 Name: Van Lloyd Grimm
82 Street Address (P.O. Box Number is Not Acceptable): 325 Waterside Street
83
84 City: Port Charlotte FL 85 Zip Code: 33954

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] Van Lloyd Grimm DATE: 4/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	GRIMM, LLOYD V		1.2 NAME	
STREET ADDRESS	146 MECCA ST		1.3 STREET ADDRESS	325 Waterside St.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP	Port Charlotte, Fl 33954
TITLE	DVT	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	GRIMM, CINDY		2.2 NAME	
STREET ADDRESS	146 MECCA ST		2.3 STREET ADDRESS	325 Waterside St.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		2.4 CITY-ST-ZIP	Port Charlotte, Fl 33954
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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] 4/30/96 (941) 625-6258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Van Lloyd Grimm

CR2E034 (12/95)