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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE: 7



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000091190 (5)

VANGUARD OF CHARLOTTE COUNTY, INC. Principal Place of Business Mailing Address P.O. BOX 380712 18200 PAULSON DR. MURDOCK FL 33938-0712 PORT CHARLOTTE FL 33954 3. Date Incorporated or Qualified 3a. Date of Last Report 11/28/1995 05/01/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 P.O. BOX 3807/2 1820 Haulsin DR. 65-0620585 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 30 Chorlotte Yes 🔲 No Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VAN LLOYD GRIMM 375 WATERSIDE STREET 82 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33950 83 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 DPS **L** Change DELETE 1.1 TITLE 1.118 GRIMM, LLOYD V 1.2 NAME NAME 23395 Mullins Avenue Port Chaplotte, Fl 33954 375 WATERSIDE ST. 1.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE DVT 2.1 TITLE TITLE GRIMM, CINDY 2.2 NAME NAMI 23395 Mullins Avenue 375 WATERSIDE ST. 23 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 2.4 CITY-ST-ZIP CITY-ST-Z-P DELETE 3.1 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THEF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY ST 712 Addition DELETE 5 1 TITLE 1011.8 5.2 NAME 5.3 STREET ADDRESS STREET ACORESS 5.4 CITY-ST-ZIP 0111 - ST - 7/P Addition DELETE 6.1 TITLE Change Tille 6.2 NAME NAM 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP CITY-S1-761 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 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

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FILED

May 08 1997 8:00am

Secretary of State