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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091190 (5)

1. Corporation VANGU	IARD OF CHARLOTTE CO	ounty, Inc.			######################################	
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	-{	1848) (1841 1861) 1841 1891 1891	
18200 PAULS		P.O. BOX 380712	•			
UNIT 6 MURDOCK FL 33938				DO MOT MIDITE IN THIS SPACE		
PORT CHARLOTTE FL 33954 US			DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address		2a, Mailing Address		11/28/1995 4. FEI Number	Applied For	
21		26		65-0620585	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
		27		5. Certificate of Statos Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Z _I P Country		Trust Fund Contribution		
Zip	25 Country	29	30	 This corporation owes or has paid the operation of the Personal Property Tax due June 30. 	current year Intangible Yes No	
24	9. Name and Address of Curr		[30]	10. Name and Address of New Registere		
VAN LLOYD GRIMM 81 Name						
375 WATERSIDE STREET			82 Street Addr	ress (P.O. Box Number js Not Acceptable)		
PORT CHARLOTTE FL 33950				95 Mullins Avenue		
(011) 01(41)20112 12 00110			83			
			84 900		96 Zin Code	
			TORT	Charlotte F	L 33754	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered	
agent. I a	im familiar with, and accept the ob	ligations of Section 607.0505, F	lorida Statutes.	and board of all colors. Thoreby accopt and a	1/11/07	
SIGNATURE		 			430-48	
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS	DIE: Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	DPS	DELETE	1.1 TITLE	ADDITIONATION AND TO CONTICENS A	Change Addition	
NAME	GRIMM, LLOYD V		1.2 NAME			
STREET ADDRESS	23395 MULLINS AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP			
TITLE	DVT	DELETE	2.1 TITLE		Change Addition	
NAME	GRIMM , CINDY		2.2 NAME			
STREET ADDRESS	23395 MULLINS AVE		2.3 STREET ADDRESS	•		
CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY - S1 - ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME ·			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition	
TITLE		- DECENE	4.1 TITLE		Change Addition	
NAME OTDOOR ADDOOR OF			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	44 CITY-ST-ZIP 51 TITLE		Change Addition	
NAME		hand Separt	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-7IP	*		6.4 City-St-7/P			

14. I 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 is 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 certifying 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 articless.