

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 # **P95000093657**  
1. Corporation Name  
**VFS Incorporated**

Principal Place of Business Mailing Address  
**625 Schoolhouse Road #2 - same**  
**Lakeland, FL 33813**

2. Principal Place of Business 2a. Mailing Address  
21 **625 Schoolhouse Road** 26 **same**  
Suite, Apt. #, etc.  
22 **Suite #2** 27 Suite, Apt. #, etc.  
City & State 28 City & State  
23 **Lakeland, FL** 29 **same**  
Zip Country 30 **same**  
24 **33813** 25 **U.S.A.**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**Dec. 5, 1995**  
4. FEI Number ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
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,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**Vincent Strawbridge**  
**625 Schoolhouse Rd #2**  
**Lakeland, FL 33813**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150d, 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 **Vincent F. Strawbridge**  
Signature of type for printed name of registered agent and block 12 apply.

**4-29-96**

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **Vincent Strawbridge, Sr.**  
STREET ADDRESS **625 Schoolhouse Rd #2**  
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ DELETE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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: **Vincent F. Strawbridge**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-96** **941-648-9078**  
Date Daytime Phone

CR2E034 (12/95)