

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

20

**FILED**  
**Feb 18, 1999 8:00 am**  
**Secretary of State**

02-18-1999 90050 043 \*\*\*158.75

0028073

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <i>Secretary of State</i> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P96000022536**

1. Corporation Name

**VDL INDUSTRIES, INC.**

Principal Place of Business

**VDL INDUSTRIES, INC.**  
**4121 COUNTY ROAD 305**  
**BUNNELL FL 32110**

Mailing Address

**P.O. BOX 1028**  
**BUNNELL FL 32110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/08/1996**

4. FEI Number

**59-3373271**

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 owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

City & State

**23** Zip Country

City & State

**28** Zip Country

**24** **25** **29** **30**

9. Name and Address of Current Registered Agent

**JEROME D MITCHELL, ESQ**  
**400 SOUTH PALMETTO AVENUE**  
**400 SOUTH PALMETTO AVENUE**  
**DAYTONA BEACH FL 32114**

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 607.1508, 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)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAWES, VINCENT H JR	
STREET ADDRESS	555 4TH ST.	
CITY-ST-ZIP	HOLLYHILL FL 32117	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HAWES, GREGORY D	
STREET ADDRESS	1667 CENTER ST.	
CITY-ST-ZIP	HOLLYHILL FL 32117	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HAWES, LLOYD H	
STREET ADDRESS	1120 LPGA BLVD.	
CITY-ST-ZIP	HOLLYHILL FL 32117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWES, V. H	
STREET ADDRESS	4121 CR. 305	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

**SIGNATURE:** **V. H. HAWES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-99**

Date

**904-238-0075**

Daytime Phone #

CR2E034 (11/98)