

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000026010 (4)

1. Corporation Name

VESTA FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

8800 49TH STREET NORTH  
SUITE 406-5  
PINELLAS PARK FL 34686

8800 49TH STREET NORTH  
SUITE 406-5  
PINELLAS PARK FL 34686

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

59-3370888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 19321 C U.S. Hwy 19 N

Suite, Apt. #, etc.

22 Ste 601

City & State

23 Clearwater Florida

Zip

24 33764

Country

25 U.S.A.

2a. Mailing Address

26 19321-C U.S. Hwy 19 N

Suite, Apt. #, etc.

27 Ste 601

City & State

28 Clearwater Florida

Zip

29 33764

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ZOBOLOTNY, STEVE  
8800 49TH STREET NORTH  
SUITE 406-5  
PINELLAS PARK FL 34686

10. Name and Address of New Registered Agent

81 Name

Zabolotny, Steve

82 Street Address (P.O. Box Number is Not Acceptable)

19321 C U.S. Hwy 19 North

83

Ste. 601

84 City

Clearwater

FL

85 Zip Code

33764

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 fee if applicable

Zabolotny, Steve

(NOTE: Registered Agent signature required when re-stating)

01/16/1998

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ZABOLOTNY, STEVE  
STREET ADDRESS 8800 49TH ST N., SUITE 406-5  
CITY-ST-ZIP PINELLAS PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

President

01/16/98 813 533-2288

CR2E034 (10/97)