

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 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 # P96000041034 (5)

1. Corporation Name

VANGKOE INDUSTRIES, INC.

Principal Place of Business

7 SAN BARTOLA DRIVE
ST. AUGUSTINE FL 32086

Mailing Address

7 SAN BARTOLA DRIVE
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number
59-3390218

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 or has paid the current year Intangible
Personal Property Tax due June 30, ☐ Yes ☒ No

2. Principal Place of Business

21 100 South Park Blvd.

Suite, Apt. #, etc.

22 206

City & State

23 ST. Augustine FL

Zip

24 32086

Country

25 ST. JAMES

2a. Mailing Address

26 100 South Park Blvd.

Suite, Apt. #, etc.

27 206

City & State

28 ST. Augustine

Zip

29 32086

Country

30 ST. JAMES

9. Name and Address of Current Registered Agent

EVERITT, DALE A
7 SAN BARTOLA DRIVE
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name Esposito, Charles A.
82 Street Address (P.O. Box Number is Not Acceptable)
UPCHURCH, PARSONS & Esposito, RA
83 1510 A. Ponce De Leon BLVD
84 City ST. Augustine FL 85 Zip Code 32085

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

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GIMVANG, BO
STREET ADDRESS 1093 A1A BEACH BLVD SUITE 371
CITY-ST-ZIP ST AUGUSTINE BEACH FL 32084

TITLE VP ☐ DELETE

NAME KOEBRICK, JEFF
STREET ADDRESS 9 1/2 NELMAR AVE
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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 P ☒ Change ☐ Addition

1.2 NAME JEFF KOEBRICK
1.3 STREET ADDRESS 20 CINCINNATI AVE
1.4 CITY-ST-ZIP ST. Augustine FL. 32086
ART WORK

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: 

SIGNATURE REQUIRED

2/1/01 944-824-0111

CR2E034 (5/98)