

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

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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000050870 (0)

1. THE VAULT GROUP II, INC.



Principal Place of Business
200 LAURA STREET
THIRD FLOOR
JACKSONVILLE FL 32202

Mailing Address
P.O. BOX 240
JACKSONVILLE FL 32201-0240

3. 06/14/1996	3a. Date of Last Report
4. FLE Number 59-3403989	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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

Principal and Address of Current Registered Agent
ALLEN, LAURA HENRY
200 LAURA STREET
THIRD FLOOR
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent	
81 Name Allen, Laura Henry	
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd.	
83 Suite 2552	
84 City Jacksonville	85 Zip Code 32207

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/28/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	ALLEN, LAURA HENRY	1.2 NAME	
STREET ADDRESS	200 LAURA STREET, THIRD FLOOR	1.3 STREET ADDRESS	1301 Riverplace Blvd., Ste. 2552
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32207
TITLE		2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	John J. Allen
STREET ADDRESS		2.3 STREET ADDRESS	1301 Riverplace Blvd. Suite 2552
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, Fl. 32207
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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]

John J. Allen

4/25/97

(904) 391-0008

CR2E034 (9/96)