

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90142 050 ***150.00

DOCUMENT # P96000092493

1. Corporation Name

THE V GROUP OF FLORIDA, INC.

Principal Place of Business

5150 TAMiami TRAIL NORTH
SUITE 303
NAPLES FL 34103

Mailing Address

5150 TAMiami TRAIL NORTH
SUITE 303
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

59-3409583

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.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUYLER, KENNETH B ESQ.
850 PARK SHORE DRIVE
TRIANON CENTRE, THIRD FLOOR
NAPLES FL 34103

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VOINOVICH, PAUL V
STREET ADDRESS 1877 COTTESWORTH LANE
CITY-ST-ZIP GATES MILLS OH 44040

TITLE D ☐ DELETE

NAME WOODS, THOMAS G
STREET ADDRESS 3778 W. SURREY COURT
CITY-ST-ZIP ROCKY RIVER OH 44116

TITLE D ☐ DELETE

NAME FELA, FRANK J
STREET ADDRESS 4563 DOW LANE
CITY-ST-ZIP PENINSULA OH 44264

TITLE D ☒ DELETE

NAME MILLER, CLARK V
STREET ADDRESS 1423 RICHMOND ROAD
CITY-ST-ZIP LYNHURST OH 44124

TITLE D ☐ DELETE

NAME KEAGLER, HARRY D
STREET ADDRESS 8890 FOX HILL DRIVE
CITY-ST-ZIP KIRLAND OH 44094

TITLE D ☐ DELETE

NAME RAIG, V. MICHAEL
STREET ADDRESS 4210 CLAGUE ROAD
CITY-ST-ZIP NORTH OLMSTEAD OH 44070

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME McCann, Deborah V.
1.3 STREET ADDRESS 3031 Edgewood Road
1.4 CITY-ST-ZIP Pepper Pike, OH 44124

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Voinovich, Paul M.
2.3 STREET ADDRESS 14189 Washington Blvd.
2.4 CITY-ST-ZIP University Hts., OH 44118

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME Voinovich, Christine G.
3.3 STREET ADDRESS 1877 Cottesworth Lane
3.4 CITY-ST-ZIP Gates Mills, OH 44040

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME Conrecode, Thomas E.
4.3 STREET ADDRESS 7913 Gardner Drive
4.4 CITY-ST-ZIP Naples, FL 33942

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME Nunner, Jeffrey A.
5.3 STREET ADDRESS 3871 Midshore Drive
5.4 CITY-ST-ZIP Naples, FL 34109

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)