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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # ~~V64669~~ (7)

1. Corporation Name
VAPOR RECOVERY SYSTEMS INC.
P97000051997

[redacted]

Principal Place of Business	Mailing Address
2208 NW 71ST PL GAINESVILLE FL 32653	2208 NW 71ST PL GAINESVILLE FL 32653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/12/1997

2. Principal Place of Business	2a. Mailing Address
21 2208 NW 71ST PL	26 2208 NW 71ST PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: GAINESVILLE, FL	28 City & State: GAINESVILLE, FL
24 Zip: 32653 25 Country	29 Zip: 32653 30 Country

4. FEI Number: 59-3458380 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEROY H. BUCHHOLZ 12424 NW CR 231 GAINESVILLE, FL 32609	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 x LEROY H BUCHHOLZ x 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

			13	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LEROY H. BUCHHOLZ		1.2 NAME	
STREET ADDRESS	12424 NW CR 231		1.3 STREET ADDRESS	12424 NW CR 231
CITY-ST-ZIP	GAINESVILLE FL 32609		1.4 CITY-ST-ZIP	32609
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LORETTA P. BUCHHOLZ		2.2 NAME	
STREET ADDRESS	12424 NW CR 231		2.3 STREET ADDRESS	12424 NW CR 231
CITY-ST-ZIP	GAINESVILLE, FL 32609		2.4 CITY-ST-ZIP	32609
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

JC 6/4

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***150.00

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.