

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

DOCUMENT # P98000012170

1. Corporation Name

JOHN D. VAN WAGONER, INC.

Principal Place of Business

1684 CYPRESS AVE
MELBOURNE FL 32935-5931

Mailing Address

1846 ORANGEWOOD DRIVE
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1998

4. FEI Number

59-24920668

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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

**VAN WAGONER, JOHN D
1846 ORANGEWOOD DRIVE
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

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
**VAN WAGONER, JOHN DAVID
1846 ORANGEWOOD DRIVE
MELBOURNE FL 32935**
TITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition12 NAME ☐ Change ☐ Addition13 STREET ADDRESS ☐ Change ☐ Addition14 CITY-ST-ZIP ☐ Change ☐ Addition21 TITLE ☐ Change ☐ Addition22 NAME ☐ Change ☐ Addition23 STREET ADDRESS ☐ Change ☐ Addition24 CITY-ST-ZIP ☐ Change ☐ Addition31 TITLE ☐ Change ☐ Addition32 NAME ☐ Change ☐ Addition33 STREET ADDRESS ☐ Change ☐ Addition34 CITY-ST-ZIP ☐ Change ☐ Addition41 TITLE ☐ Change ☐ Addition42 NAME ☐ Change ☐ Addition43 STREET ADDRESS ☐ Change ☐ Addition44 CITY-ST-ZIP ☐ Change ☐ Addition51 TITLE ☐ Change ☐ Addition52 NAME ☐ Change ☐ Addition53 STREET ADDRESS ☐ Change ☐ Addition54 CITY-ST-ZIP ☐ Change ☐ Addition61 TITLE ☐ Change ☐ Addition62 NAME ☐ Change ☐ Addition63 STREET ADDRESS ☐ Change ☐ Addition64 CITY-ST-ZIP ☐ Change ☐ Addition

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 43 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 JAN 99 (402) 255-3588
 Date Daytime-Phone #

CR2E034 (11/98)