PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 16, 1999 8:00 am Secretary of State 06-16-1999 90015 020 ***550.00

	1999		DIVISION OF CO	ORPOF	ATIONS	06-16-1999 90015 020 ***550.00	
1. Corporatio	MENT # P91 Name VEST, INC.	3000019	6041/				
Principal Plac	e of Business	Maili	ng Address			3 (651)(61) (19 (8(6) 19)(1 EPIL) alleit alleit saiet unte imme atria anter anne.	
C/O JANET C. REARDON, ESO. C/O JANET C. REARDON ESO. 10225 ULMERTON ROAD SUITE 2 LARGO FL 33771 LARGO FL 33771 LARGO FL 33771						DO NOT WRITE IN THIS SPACE	
DUNGO PE 307	,,	Duig	011 W.//			3. Date Incorporated or Qualifed 03/02/1998	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For]
21		26				59-3495979 Not Applicable	4
Suite, Apt.		27	ulte, Apt. #, etc.			5. Certificate of Status Desired 58.75 Additional Fee Required	
City & Stat	e	<u>├</u> ~	City & State			6. Election Campaign Financing \$5.00 May Be	Ì
23		26			<u> </u>		∮ —−
Zip	Country	_	ip 	Con	nuy	8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24	9, Name and Address	29 29 A of Current Register		101		10. Name and Address of New Registered Agent	1
	'				81 Name		}
REARDON, JANET C					82 Street Address (P.O. Box Number is Not Acceptable)		┥
	5 ULMERTON ROAD S	SUITE 2			SuberA	Suest Address (F.O. Box Hullisher is Not Acceptable)	
LARC	30 FL 33771				83		
					84 City	85 Zip Code	1
	·				, ,	FL! i	4
11, Pursuant	to the provisions of Section	ns 607.0502 and 607.	.1508, Florida Statutes	the al	cove-named co	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accep	t the obligations of, S	action 607.0505. Florid	ia Stati	ites.		
SIGNATURE							_
12.	Signature, typed or printed name of	FICERS AND DIRECT		13.	Agent signature requ	ultid when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	188
TITLE	D	100.107.00	DELETE	1.1 73	LE	☐ Change ☐ Addition	CR2E034 (11/98)
NAME	GARCIA, PEDRO D			1.2 N/	ME	•	18
STREET ADDRESS	10225 ULMERTON R	DAD SUITE 2		1.3 81	REET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771			14 CF	Y-ST-ZIP		18
TITLE			☐ DELETE	2.1 131	Æ	Change Addition	١٠
NAME				2.2 NA	ME		ļ
STREET ADDRESS				1	REET ADDRESS	•	1
CITY-ST-ZIP			☐ DELETE	2.4 C	TY-\$T-ZIP	☐ Change ☐ Addition	┪
TITLE			Deteir	3.1 III	1		
NAME DEDUCE ADMORES					REET ADDRESS		l
CITY-ST-ZIP					TY-ST-ZIP		
TITLE			☐ DELETE	4.1 TI		☐ Change ☐ Addition	7
NAME				4.2 N	WE		
STREET ADDRESS				4.3 57	REET ADDRESS		1
CITY-ST-ZIP				4.4 CI	Y-ST-ZIP		4
TITLE	-	_	☐ DELETE	5.1 TI	- 1	Change Addition	1
NAME				52 NA)
STREET ADDRESS				1	REET ADDRESS		
CTTY-ST-ZIP			☐ DELETE	6.1 TIT	Y-ST-ZIP	☐ Change ☐ Addition	1
IIILE			T octes	62 NA	4		1
NAME					REET ADDRESS		1
STREET ADDRESS				ł	Y-ST-ZIP		ł
CITY-ST-ZIP	sortifu that the information	aumaliad with this filia	- done not explify for t			Section 119 07(3Vi) Florida Statutes further certify that the information	J

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 cath; 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.