

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90035 048 ***150.00

DOCUMENT # P98000035024

1. Corporation Name

VEHEMENCE, INCORPORATED

Principal Place of Business

ROUTE 1, BOX 1446
PERRY FL 32347

Mailing Address

ROUTE 1, BOX 1446
PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1998

4. FEI Number

59-3504510

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

5590 Courtney Grade

Suite, Apt. #, etc.
n/a

City & State

Perry FL

Zip **32347**

Country **USA**

2a. Mailing Address

5590 Courtney Grade

Suite, Apt. #, etc.
n/a

City & State

Perry FL

Zip **32347**

Country **USA**

9. Name and Address of Current Registered Agent

KIRBY, BRIAN
1119 E JULIA SE
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5590 Courtney Grade

83

84 City

Perry

FL

85 Zip Code

32347

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

Brian Kirby

Brian Kirby

1/14/99

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 ☐ DELETE

NAME **President**
Brian H. Kirby
STREET ADDRESS **5590 Courtney Grade**
CITY-ST-ZIP **Perry FL 32347**

TITLE ☐ DELETE

NAME **Vice President**
Scott Maddox
STREET ADDRESS **P.O. Box 577**
CITY-ST-ZIP **Perry FL 32348**

TITLE ☐ DELETE

NAME **Treasurer**
Alan Smith
STREET ADDRESS **Rt 1 Box 1446**
CITY-ST-ZIP **Perry FL 32347**

TITLE ☐ DELETE

NAME **Secretary**
Aaron Belle
STREET ADDRESS **Hwy 30 east**
CITY-ST-ZIP **Perry FL 32347**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

Brian Kirby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

(850) 584-6207
Date Daytime Phone #

CR2E034 (1/98)