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 # P98000053642 1. Corporation Name

VAN-LOC, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90190 033 ***150.00



							u ii i b iii i bii i i bii i			
Principal Place of Business		Mailing Address								
5386 JAMAICA ROAD COCOA FL 32927		5386 JAMAICA ROAD COCOA FL 32927								
						DO I	NOT WRITE IN TI	IS SPAC	E	
						3. Date Incorporated or	Qualifed			
						06/12/1998				
2. Principal Place of Business 21 4155 AL. COUTTEN	2a. Mailing Address 26 4155 N. Courtenay PKWY			4. FEI Number 59-3543	35 <i>0</i> 2		Not	lied For Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional					
22		27				3. 00/1/100/10 01 04/100		F	ee Req	uired
City & State 23 Merritt Iskino	City & State 28 Merritt Island			FL	6. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees			
Zip 32953 Z5 Coul	usa	Zip 29 32953	30 Cou		15A	This corporation owe Personal Property Ta	-	Intangible	; is (1	12 100
9. Name and Address of Current Registered Agent						10. Name and Address	of New Register	ed Agent		
				81	Name					
VAN WART, JEAN M				82 Street Address (P.O. Box Number is Not Acceptable)						
5386 JAMAICA ROAD				DE CHOOL ISSUED (F.O. DOX HARRISON IN HOLVINGOPHONO)						
COCOA FL 32927				83						
				84	City			. 85	Zip Co	
				04	City		F	*L ° ′	2000	
 Pursuant to the provisions of S office or registered agent, or bo agent. I am familiar with, and a 	oth, in the State of	Florida. Such change was	authorized	1 by	the corpora	rporation submits this stateme tion's board of directors. I her	nt for the purpose eby accept the ap	of chang pointmen	ing its regi	egistered stered
SIGNATURE										
				red Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT					FOTOF	10 IN 42
12.	OFFICERS AND	DELETE	13.	T E	- $$	President	S TO OFFICERS		hange	Addition
MAN MART ITA	N M	- Detere	1.1 H			ran M. VAN WI	ART		5-	
FOOG IAMAICA D					TADORESS 5	5386 JAMAICA	ed as			
COCOA EL 2002					T TID	OCOA, FL 30	ด ลา			ļ
TITLE CULON FL 3232		□ DELETE	2.1 TI		T-ZIP C	201110 00	.0.1	ПС	hange	☐ Addition
NAME		() 0222.2	2.2 N		-			_	•	۱, -
					T ADDRESS					
STREET ADDRESS										ļ
CITY-ST-ZIP TITLE			3.1 TI		ST-ZIP				nange	Addition
NAME			3.2 N						-	
STREET ADDRESS					T ADDRESS					
CITY-SI-ZIP					ST-ZIP					

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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ DELETE

407-452-5925

Addition

Addition

Addition

Change

Change

☐ Change