FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name S12210 (8) VACILIOS, INC. Principal Place of Business Mading Address 105 W BURLEIGH BLVD 801 WEST CHARING CROSS CIRCLE TAVARES FL 32778 LAKE MARY FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1990 2. Principal Place of Business 2a. Mailing Address Applied For 304 GRAND VALLEYOR 59-3043438 Not Applicable Suite Ant #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired LAKE MARY Fee Required 22 City & State 3274 6 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Zio Country 301 SEMINO 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LIATSOS, ELENI G. 801 W. CHARING CROSS CIRCLE Street Address (P. 82 LAKE MARY FL 32746 AKE WBB 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 registored 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 rigiditired agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. TITLE __ DELETE 1.1 TITLE Change LIATSOS, GEORGE K. NAME 1.2 NAME 801 W. CHARING CROSS CIR STREET ADORESS 1.3 STREET ADDRESS 304 LAKE MARY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TIFLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZiP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 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 direction 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 an any attractiment with an address.

GEORGE

FILED