FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:37

DOCUMENT # **S26523** **(8)**

1. Corporation Name
VEHAR & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10412 ST. TROPEZ PLACE TAMPA FL 33615	10412 ST. TROPEZ PLACE TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/22/1991
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21 37RD TAMPA RD	26 37RD TAMPA RD.
Suite, Apt. #, etc. 22 112B	Suite, Apt. #, etc. 27 112B
City & State 23 OLDSMAR, FL.	City & State 28 OLDSMAR, FL.
Zip / Country 24 34677 / 25 USA	Zip / Country 29 34677 / 30 USA

4. FEI Number: 59-3046198 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GODWIN, JAMES W. 215 MADISON ST. TAMPA FL 33602	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: Kevin K Vehar — DATE: 1-30-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	VEHAR, KEVIN K.	1.2 NAME	VEHAR, KEVIN K.
STREET ADDRESS	~~10412 ST. TROPEZ PLACE~~	1.3 STREET ADDRESS	2424 LANDING WAY
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684
TITLE	STD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	BURKE, MARK K.	2.2 NAME	BURKE, MARK K.
STREET ADDRESS	~~10412 ST. TROPEZ PLACE~~	2.3 STREET ADDRESS	12931 SILVER OAK DR.
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32223
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kevin K Vehar — 1-30-95 — (813) 891-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0207802 CP