**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **S43128** **(5)**

1. Corporation Name

**THE VERTICAL FACTORY OF SOUTHWEST FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1338~~ DEL PRADO BLVD<br>CAPE CORAL FL 33990 | ~~1338~~ DEL PRADO BLVD<br>CAPE CORAL FL 33990 |

3. Date Incorporated or Qualified: **04/04/1991**

3a. Date of Last Report: **03/24/1995**

4. FEI Number: **65-0257028** ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1918 DEL PRADO BLVD. S. | 26 1918 DEL PRADO BLVD S. |
| Suite, Apt. #, etc.<br>22 Suite 1 | Suite, Apt. #, etc.<br>27 Suite 1 |
| City & State<br>23 CAPE CORAL FL | City & State<br>28 CAPE CORAL, FL |
| Zip / Country<br>24 33990- / 25 | Zip / Country<br>29 33990 / 30 |

9. Name and Address of Current Registered Agent

**ROTH, JOSEPH E.**
**245 SW 43RD TERRACE**
**CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

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 X Joseph E. Roth DATE

(Signature required or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when applicable)

| 12. OFFICERS AND DIRECTORS | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | BRUNS, MARA L | |
| STREET ADDRESS | 516 SW 8 ST | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | STD | ☐ DELETE |
| NAME | BRUNS, TERRY N | |
| STREET ADDRESS | 516 SW 8 STREET | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |

CR2E034 (12/95)

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)(k), 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:** X Mara Bruns President 2/14/96 941 772-2303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #