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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S51470** (0)

1. Corporation Name
FLORIDA VECTOR SERVICES, INC.

Principal Place of Business

**3620 NW 43RD ST
STE B
GAINESVILLE FL 32606-1800
US**

Mailing Address

**3620 NW 43RD ST
STE B
GAINESVILLE FL 32606-8100
US**

2. Principal Place of Business

21 **4724 NW 57TH DRIVE**

Suite, Apt. #, etc.

22

City & State
GAINESVILLE, FL

Zip
32606

Country
USA

24

2a. Mailing Address

26 **4724 NW 57TH DRIVE**

Suite, Apt. #, etc.

27

City & State
GAINESVILLE, FL

Zip
32606

Country
USA

29

9. Name and Address of Current Registered Agent

**JONES, O.M., JR.
4724 NW 57TH DRIVE
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified

05/08/1991

3a. Date of Last Report

02/09/1996

4. FEI Number

59-3077262

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

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

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 **PD** ☐ DELETE
NAME **JONES, O.M., JR.**
STREET ADDRESS **4724 NW 57TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **CST** ☒ DELETE
NAME **ASHLEY, KARL C.**
STREET ADDRESS **1729 SW 77TH TERRACE**
CITY-ST-ZIP **GAINESVILLE 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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 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 **TS Maryagnes Jones**
3.3 STREET ADDRESS **4724 NW 57TH DRIVE**
3.4 CITY-ST-ZIP **GAINESVILLE, FL 32606**

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.97 352-377-9322

CR2E034 (9/96)