

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S56092

(7)

1. Corporation Name

VIGNEAUX CORPORATION



Principal Place of Business

6541-10 POWERS AVE.
JACKSONVILLE FL 32217

Mailing Address

6541-10 POWERS AVE
JACKSONVILLE FL 32217

2. Principal Place of Business

21 Sub: Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Sub: Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLEMING, CHRISTOPHER C.
12035 HAMMOCK OAKS DRIVE
JACKSONVILLE FL 32223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Chartered

05/30/1991

3a. Date of Last Report

07/24/1995

4. FEI Number

59-3087579

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. 193.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0612 and 607.1502, 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 607.0504, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

DPT
FLEMING, MARY K
6541-10 POWERS AV
JACKSONVILLE FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

DS
FLEMING, C. CHRISTOPHER
6541-10 POWERS
JACKSONVILLE FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct and that I am not qualified for the provisions of Section 119.073(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 of the corporation. I hereby certify this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE:

C. Christopher Fleming

4/3/96

(904)733-0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)