

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S60148

(1)

1. Corporation Name

VINTAGE INDUSTRIES, INC.

Principal Place of Business

**781 BIG TREE DRIVE
LONGWOOD FL 32750
US**

Mailing Address

**781 BIG TREE DRIVE
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/17/1991

3a. Date of Last Report

06/07/1994

4. FEI Number

59-3080272

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WELZBACHER, MARK F.
781 BIG TREE DRIVE
LONGWOOD FL 32750**

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 110 if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
VALLONE, JOSEPH R
202 SWEETWATER CREEK DRIVE, W.
LONGWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
VALLONE, RUSSELL C.
1801 TORRINGTON CIR
LONGWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SDV
WELZBACHER, MARK F.
308 SABAL PARK PL. #202
LONGWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DV
BYRON, DAVID E.
585 QUEENS MIRROR CIR.
CASSELBERRY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TDV
VALLONE, JAMES C.
185 CITATION CT.
LAKE MARY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/95

407-831-8949