

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

DOCUMENT # **S95701** (6)
1. Corporation Name
VEGRA COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:24

Principal Place of Business
**5205 SARASOTA CT.
CAPE CORAL FL 33904**

Mailing Address
**5205 SARASOTA CT.
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1991	3a. Date of Last Report 04/12/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0308624	Applied For ☐ Not Applicable ☐
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**MANSSON, JEAN
5205 SARASOTA COURT
SUITE J-3
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 rotating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	MANSSON, JEAN	1.2 NAME	
STREET ADDRESS	2323 DEL PARDO BLVD #14	1.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MANSSON, JEAN	2.2 NAME	
STREET ADDRESS	2323 DEL PARDO BLVD #14	2.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	2.4 CITY- ST- ZIP	
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)(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 addendum with an address.

SIGNATURE: *X Jean Larson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95

813 574-4144