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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V65889

(0)

VERGASON CONSULTING SERVICES, INC.

Principal Place of Business Mailing Address 2464 EKANA DRIVE OVIEDO FL 2464 EKANA DRIVE OVIEDO FL 32765-5825						s sagn allale ands and beld ledd sall bibli bibli albi bibli bibli bibli bibli					
						-	3. Date Incorporated or Qualified 09/21/1992		3a. Date of Last Report 01/30/1996		
2. Principal Pl	lace of Business	2a. Mailing Address				1	4. FEI Number		Ap	plied For	
21		26	····				59-3155453			t Applicable	
Suite, Apt		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	quired	
Cily & State	9	City & State				_ '	6. Election Campaign Financing	П	\$5.00		
23 Zip	Country	28	Cou	ntrv			Trust Fund Contribution 8. This corporation has liability for	intra aible	Added t		
24	25	29	30	,		- 1 '		Yes [. 188.002,	
	9. Name and Address of Curre		1001			1	0. Name and Address of New Re				
WILS	SON, ROBERT G.			81	Name						
	EKANA DRIVE		}	82	Street Adv	dress	(P.O. Box Number is Not Acceptate	alo)			
	DO FL			-	Olidel Aux	areas	(i.e. bex indiffee is not Acceptate				
				вэ							
				84	City				85 Zip (Code	
				-	Oily			FL	, 65 27 \	5000	
agent Lat	egistered agent or both, in the Sta m familiar with, and accept the obli- sionature, typed or parted name of mg 985cd a	gations of, Section 607.0505, Fl	orida Stat	utes	the corpora		s board of directors. I hereby acce	of the app	ointment as	registered	
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	
TITLE	PD	DELETE	1.1 111	LE					Change	Addition	
NAME	VERGASON, W.L.		1.2 NA	ME							
STREET ADDRESS	2464 EKANA DRIVE		1.3 ST	AEET	ADDRESS						
C-TY - ST - ZIP	OVIEDO FL		1.4 Cf	IY-S	T-21P						
TITLE	ST	☐ DELETE	2.1 Tt	LE				•••	Change	Addition	
NAME	VERGASON, CAROL		2.2 NA	ME							
STREET ADDRESS	2484 EKANA DRIVE		2.3 \$T	reet	ADDRESS						
CITY-ST-ZIP	OVIEDO FL				ST- ZIP						
THLE		DELETE	3111						Change	Addition	
NAME			32 N/								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE	** AL TTTTTTTTTTTTTTTTTTTTTTTTTTTTT	DELETE	3.4. C		ST-ZIP				Change	Addition	
NAME			4.1 /I						- Cronge	Approved	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP					T-ZIP						
TITLE		DELETE	5.1 T(Change	Addition	
NAME			5.2 N/	ME	Ì						
STREET ADDRESS			1		ADDRESS						
CITY - ST - ZIP			5.4 CI	ry-s	T-ZIP						
TITLE		DELETE	6.1 TO	rl.E					Change	☐ Addition	
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 S1	REET	ADDRESS						
CITY - ST - ZIP			6.4 CI								
informatic Lam an o	on indicated on this annual report o	r supplemental annual report is or the receiver or trustee empoy	true and a vered to e	icci	urate and th	nat my	Section 119.07(3)(i), Florida Statute signature shall have the same legi s required by Chapter 607, Florida s	al effect as	s if made un	der oath, tha	