

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114575

Entity Name: VOLOGY, INC.**Current Principal Place of Business:**15950 BAY VISTA DR.
CLEARWATER, FL 33760**Current Mailing Address:**15950 BAY VISTA DR.
CLEARWATER, FL 33760 US**FEI Number:** 59-3760415**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, DANIEL A. ESQ.
13644 W. HILLSBOROUGH AVE
TAMPA, FL 33635 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/DIRECTOR
Name SHEVLIN, BARRY
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

Title CFO
Name PRAY, DOUGLAS
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name GRIES, ROBERT
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name LOPARCO, MICHAEL
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

Title SECRETARY
Name PRAY, DOUGLAS
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name DAVIDSON, JAMES
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name LANDERS, PATRICK
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name MACDONALD, STEVEN
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS PRAY**SECRETARY****04/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STAFFORD, JOHN
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name WEISS, DAVID
Address 15950 BAY VISTA DR.
City-State-Zip: CLEARWATER FL 33760