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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90016 012 ***500.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000049153

1. Corporation Name
GCG VISION, INC.



Principal Place of Business
**4604 DUMONT STREET
 NEW PORT RICHEY FL 34653**

Mailing Address
**4604 DUMONT STREET
 NEW PORT RICHEY FL 34653**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0694378

Applied For
 Yes
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUTCHINS, BRYAN A ESQ.
 169 STATE STREET, WEST
 SUITE A
 OLDSMAR FL 34677**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPVS <input type="checkbox"/> DELETE
NAME	TARRANTS, ORVIL E
STREET ADDRESS	4604 DUMONT STREET
CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	ORVIL E. TARRANTS
STREET ADDRESS	4604 DUMONT ST
CITY-ST-ZIP	NEW PORT RICHEY FL, 34653
TITLE	Vice PRESIDENT <input type="checkbox"/> DELETE
NAME	BARBARA TARRANTS
STREET ADDRESS	4604 DUMONT ST
CITY-ST-ZIP	NEW PORT RICHEY FL, 34653
TITLE	Sec. TREASURER <input type="checkbox"/> DELETE
NAME	ORVIL E. TARRANTS
STREET ADDRESS	4604 DUMONT ST
CITY-ST-ZIP	NEW PORT RICHEY FL, 34653
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Was ORVIL E TARRANTS
2.3 STREET ADDRESS	NOW CHANGED TO BARBARA TARRANTS
2.4 CITY-ST-ZIP	SPOUSE
3.1 TITLE	Vice PRESIDENT - NOW <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARBARA TARRANTS
3.3 STREET ADDRESS	4604 DUMONT ST.
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL, 34653
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **ORVIL E. TARRANTS** *Orvil E. Tarrants* 6-6-99 727-376 7353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

UN35544