

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000099749

Entity Name: VISUAL IMAGE SURVEILLANCE INC**Current Principal Place of Business:**2130 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211**Current Mailing Address:**13593 OSPREY POINT DR
JACKSONVILLE, FL 32224 US**FEI Number:** 27-1508835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUTCHINSON, LYNN M
1217 UNDERHILL DR
206
JACKSONVILLE, FL 32211 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	PRES
Name	HUTCHINSON, LYNN M
Address	1217 UNDERHILL DR # 206
City-State-Zip:	JACKSONVILLE FL 32211

Title	OWNER
Name	MINDRA, ALEX
Address	13593 OSPREY POINT DR
City-State-Zip:	JACKSONVILLE FL 32224

Title	OFFICER
Name	BEW, WILLIAM
Address	11431 LUMBERJACK CIR. W.
City-State-Zip:	JACKSONVILLE FL 32223

Title	TRES
Name	MINDRA, ALEX
Address	13593 OSPREY POINT DR
City-State-Zip:	JACKSONVILLE FL 32224

Title	SECR
Name	HUTCHINSON, LYNN M
Address	1217 UNDERHILL DR #206
City-State-Zip:	JACKSONVILLE FL 32211

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: ALEX MINDRA**OWNER****04/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date