

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004139 (1)**

1. Corporation Name

VISADOR COMPANY

Principal Place of Business

7800 BELFORT PKWY. #170
JACKSONVILLE FL 32256

Mailing Address

7800 BELFORT PKWY. #170
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/09/1994

3a. Date of Last Report

4. FEI Number

75-2247452

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1000 Industrial Road

26

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Marion, VA

28

24 24354

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of Agent or Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if not registered agent, then not applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
C
WILSON, J. STEVEN
7800 BELFORT PKWY., #170
JACKSONVILLE FL 32256

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
CS
KIRSCHNER, KENNETH M
ONE INDEPENDENT DR. #2000
JACKSONVILLE FL 32201-1559

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
CAREY, EDWARD
310 E. SHORE ROAD #307
GREATNECK NY 11023

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
SCHULTZ, JOHN R
50 N. LAURA ST.
JACKSONVILLE FL 32232

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
C
BECKER, WILLIAM G
2740 CARMON ON WESLEY
ATLANTA GA 30327

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
ALTMANN, CECIL
IMMEUBLE EUROPA I
74166 ARCHAMPS, FRANCE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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 190.02(1)(b), 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 incorporator or organizer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an attachment with an address.

SIGNATURE:

J. Steven Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Steven Wilson

4/27/95

(904) 201-2200