Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

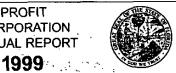
☐ Yes

ΣΦΝο

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H75017 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

**VISION 3, INCORPORATED** 

Principal Place of Business	Mailing Address
308 JONQUIL AVE	308 JONQUIL AVE
FT WALTON BEACH FL 32548	FT WALTON BEACH FL 32548

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27

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90144 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

09/09/1985 4. FEI Number

59-2590546

IOMNOF	ND, JOHN P.		$\Box$					———
838 N EGLIN PKWY		82	Street /	Address (P.O. Box Number is Not Acceptable)				
FT WALT	ON BEACH FL 32548		83					
			84	City		85	Zip Co	de
				,	<u></u> <u></u> <u>F</u> l			
office or registe	provisions of Sections 607.0502 and 607.1508, ered agent, or both, in the State of Florida. Such niliar with, and accept the obligations of, Section	change was author	ized by	the corpo	corporation submits this statement for the purpose o oration's board of directors. I hereby accept the appora-	f changin intment a	g its re is regis	gistered stered
SIGNATURE		2,045			equired when reinstation) DATE			]
	ure, typed or printed name of registered agent and title if applicable.		13.	a signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12
	OFFICERS AND DIRECTORS		I TITLE		ABBITIONS/OFFIATOES TO STATE FOR THE PARTY.	☐ Cha		Addition
200	SAND, DONALD J. JONQUIL AVE		2 NAME					
SINCE MODITION	• • • • • • • • • • • • • • • • • • • •			ADDRESS				
0111-01-24	WALTON BEACH FL		.4 CITY-S	r-ZIP		☐ Cha	nae	Addition
TITLE VD	AND AUDDEV F		2.1 TITLE	ļ			iige	
	SAND, AUDREY E.		2.2 NAME					
	JONQUIL AVE	:	2,3 STREET	ADDRESS				
CITY-ST-ZIP FT	WALTON BEACH FL		2. 4 CITY-5	T-ZIP				- Addition
TITLE		☐ DELETE	3.1 TITLE	ļ	,	☐ Cha	nge	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS		J:	3.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	<u> </u>		3.4. CITY+S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE	ľ		Cha	nge	Addition (
NAME			4, 2 NAME					
STREET ADDRESS		Į.	4.3 STREET	ADDRE\$\$				
CITY-ST-ZIP		I.	4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Cha	ınge	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		Į.	5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Chá	inge	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP		I.	6.4 CFTY - S	7-ZIP				!
14 I hereby certify	that the information supplied with this filing does	not qualify for the	exempt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further co	rtify that	the inf	ormation

Country

81 Name

30

indicated on this annual report or supplemental annual report is due and accurate and that my signature shall have the same legal effect as it made three own, that i am a different 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.