

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 AM 8: 53

DOCUMENT # K29170

(3)

1. Corporation Name

INTERSTATE VISIONS, INC.

Principal Place of Business

C/O JAMES MUTCHLER
7804 ORCHID LAKE RD.
NEW PORT RICHEY FL 34653

Mailing Address

C/O JAMES MUTCHLER
7804 ORCHID LAKE RD.
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1988

3a. Date of Last Report

03/10/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2907238

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUTCHLER, A. JAMES
7804 ORCHID LAKE RD.
NEW PORT RICHEY FL 34653

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

GAYFIELD, MARVIN K., II

STREET ADDRESS

19 CAPARDO DRIVE

CITY-ST-ZIP

WHITESBORO NY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

S

NAME

GAYFIELD, PATRICIA A.

STREET ADDRESS

19 CAPARDO DRIVE

CITY-ST-ZIP

WHITESBORO NY

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

VP

NAME

MUTCHLER, A. JAMES

STREET ADDRESS

7804 ORCHID LAKE RD.

CITY-ST-ZIP

NEW PORT RICHEY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

T

NAME

MUTCHLER, BARBARA

STREET ADDRESS

7804 ORCHID LAKE RD.

CITY-ST-ZIP

NEW PORT RICHEY FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), 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.

SIGNATURE:

A. James Mutchler VP

1-10-95 (813) 842-2919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #