

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90002 026 ***150.00

0502045

DOCUMENT # **K29170**

1. Corporation Name

INTERSTATE VISIONS, INC.

Principal Place of Business

**9409 US 19
693
PT. RICHEY FL 34668
US**

Mailing Address

**9409 US 19
693
PT. RICHEY FL 34668
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1988

4. FEI Number

59-2907238

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

**P
NAME
GAYFIELD, MARVIN K., II
STREET ADDRESS
19 CAPARDO DRIVE
CITY-ST-ZIP
WHITESBORO NY**

TITLE ☐ DELETE

**S
NAME
GAYFIELD, PATRICIA A.
STREET ADDRESS
19 CAPARDO DRIVE
CITY-ST-ZIP
WHITESBORO NY**

TITLE ☐ DELETE

**VP
NAME
MUTCHLER, A. JAMES
STREET ADDRESS
7804 ORCHID LAKE RD.
CITY-ST-ZIP
NEW PORT RICHEY FL**

TITLE ☐ DELETE

**T
NAME
MUTCHLER, BARBARA
STREET ADDRESS
7804 ORCHID LAKE RD.
CITY-ST-ZIP
NEW PORT RICHEY FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)