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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L73841

(3)

VISUAL SOLUTIONS OF PENSACOLA, INC.

FILED May 04 1998 8:00am Secretary of State



						<u> </u>		Dil Albii (HA)	
Principal Place of Business Mailing Address									
NJAMES L. CHASE NJAMES L. CHASE			tnree						
101 E. GOVERNMENT STREET PENSACOLA FL 32501		PENSACOLA FL 32501	101 E. GOVERNMENT STREET PENSACOLA EL 325M			DO NOT WRITE IN THIS SPACE			
, 4,10,1000	(E WEOV.	TENONOUR TE DESC	FERONOULA LE VEQUI			3. Date Incorporated or Qualified			
						05/18/1990		i	
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21	-	26	26			59-3021260 Not Applicable			
Sulte, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27				U. Continuation of Otalion Desired	Fee I	Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	~			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Cour			8. This corporation owes or has paid the current			
24	25 Name and Address of Curr	rent Registered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent CHASE, JAMES L.					81 Name				
	143E, JAMES L. 11 E. GOVERNMENT STREET								
	NSACOLA FL 32501		82 Stre		Street Addre	ess (P.O. Box Number is Not Acceptable)			
rc	110AUULA FL 32001			83					
				84	City	FL	85 Zi	o Code	
11. Pursuan	t to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the al	bove-	named corp	oration submits this statement for the purpose of c	nanging	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 Statules.									
SIGNATURE Signature, typed or printers name of registered again and title if applicable (NOTE: Registered Agant signature required when reinstating) DATE									
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	ORS IN 12	
TITLE	D	DELETE	1.1 TU	TLE			Change	Addition	
NAME	BAIR, EDWARD J.		1.2 NA	AME					
STREET ADDRESS			. 1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 1.41		1.4 CI	1.4 CITY - ST - ZIP					
TITLE	···		2.1 TC	2.1 TITLE			Change	Addition (
NAME	BAIR, BETTY R.		2.21						
STREET ADDRESS			2.3 \$1	2.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		2. 4 C	ITY-ST	-ZIP				
TITLE		DELETE 3.1		TLE			Change	Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 ST	TREET A	LODRESS			ľ	
CITY-ST-ZIP		·	3.4. C	ITY-ST	-ZIP				
TITLE	☐ DELETE 4.1 TI		TLE			Change	Addition		
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 ST	TREET A	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	- ZIP				
TITLE		DELETE	5,1 711	TLE] Change	Addition	
NAME			5.2 NA	AME	1				
STREET ADDRESS			5.3 ST	TREET A	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP				
TITLE		DELETE	6.1 717	TLE.			Change	Addition	
NAME			6 2 NA	AME.				İ	
STREET ADDRESS			63 ST	IAEET A	ODRESS			1	
CITY-ST-ZIP	<u> </u>		6.4 CI	TY-ST	- ZIP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

4/20/98 850 1171-1177