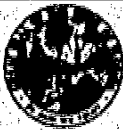


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L82886

(7)

1. Corporation Name

MC VISION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

% STEPHEN D. REES
2033 MAIN ST., SUITE 600
SARASOTA FL 34237

Mailing Address

% STEPHEN D. REES
2033 MAIN ST., SUITE 600
SARASOTA FL 34237

3. Date Incorporated or Qualified

06/25/1990

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0206662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 922 Golf Island Dr

21 1933 B Whittier Dr

26 922 Golf Island Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Apollo Beach, FL

City & State

28 Apollo Beach, FL

Zip

24 33572

Country

25 US

Zip

29 33572

Country

30 US

9. Name and Address of Current Registered Agent

REES, STEPHEN D.
2033 MAIN ST.
SUITE 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

William E. Wieland

82 Street Address (P.O. Box Number is Not Acceptable)

922 Golf Island Dr

83

84 City

Apollo Beach

FL

85 Zip Code

33572

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 William E. Wieland

(NOTE: Registered Agent signature required when resigning)

4/17/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
CAMP, DENNIS L.
316 SCOTT AVENUE
SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MARANTO, ROBERT J.
5740 14TH ST., W.
BRADENTON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS L. CAMP

4/17/95

DATE

1-813-751-4437

(Type in Phone #)