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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:39

DOCUMENT # **M76730** **(4)**

1. Corporation Name
FORESIGHT TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1333 SASSAFRAS AVENUE ALTAMONTE SPRINGS FL 32714	1333 SASSAFRAS AVENUE ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1988
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21 103 COVE LAKE DR.
Street, Apt. #, etc.
22
City & State: 23 LONGWOOD FL
Zip: 24 32779 Country: 25 USA

2a. Mailing Address
26 103 COVE LAKE DR
Street, Apt. #, etc.
27
City & State: 28 LONGWOOD, FL.
Zip: 29 32779 Country: 30 USA

4. FEI Number: 59-2883331 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARRA, WILLIAM D 1333 SASSAFRAS AVE ALTAMONTE SPRINGS FL 32714	81 Name: PARRA, William D. 82 Street Address (P.O. Box Number is Not Acceptable): 103 COVE LAKE DR. 83 84 City: LONGWOOD FL 85 Zip Code: 32779

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] William D. PARRA 3.22.95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstated) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PST	☑ Change ☐ Addition
NAME	PARRA, WILLIAM D.	12 NAME	PARRA, William D	
STREET ADDRESS	1333 SASSAFRAS AVE.	13 STREET ADDRESS	103 COVE LAKE DR.	
CITY ST ZIP	ALTAMONTE SPRINGS FL	14 CITY ST ZIP	LONGWOOD, FL 32779	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	PARRA, WILLIAM D.	22 NAME		
STREET ADDRESS	1333 SASSAFRAS AVE.	23 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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 above, or on an attachment with an address.

SIGNATURE: [signature] William D. PARRA 3-22-95 407 862-1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030004 CP