FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39317 (5)

1. Corporation Name

ANOTHER VISION, INC.

Principal Place of Business	Mailing Address
1903 W. PINE STREET TAMPA FL 33607 US	1903 W. PINE STREET TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-3052779 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. SAME	27 Suite, Apt. #, etc. SAME
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

SIRMANS, KENNY
1903 W. PINE STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SIRMANS, KENNY	12 NAME	
STREET ADDRESS	1903 W. PINE STREET	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	P ☑ Change ☐ Addition
NAME	RODRIQUEZ, DEBORAH	22 NAME	HORACE SPAIN
STREET ADDRESS	2312 FLETCHER POINT CIRCLE	23 STREET ADDRESS	3914 WALNUT ST
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	TAMPA FL 33607
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JERRY	32 NAME	
STREET ADDRESS	3215 E. LAMBRIGHT	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JACKSON, LEROY S	42 NAME	
STREET ADDRESS	4615 W. WOODLYN AVENUE	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MERRITT, ELEANOR	52 NAME	
STREET ADDRESS	3692 WALDEN POND DRIVE	53 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MILLER, SHARON E.	62 NAME	
STREET ADDRESS	2413 WEST GRAY	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenny Sirmans KENNY SIRMANS 4-29-95 813-254-4634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003783