

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39317 (5)

1. Corporation Name

ANOTHER VISION, INC.



Principal Place of Business

**1903 W. PINE STREET
TAMPA FL 33607
US**

Mailing Address

**1903 W. PINE STREET
TAMPA FL 33607
US**

3. Date Incorporated or Qualified
08/01/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SIRMANS, KENNY**
STREET ADDRESS **1903 W. PINE STREET**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **HORACE, SPAIN**
STREET ADDRESS **3914 WALNUT ST**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **ROBINSON, JERRY**
STREET ADDRESS **3215 E. LAMBRIGHT**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **JACKSON, LEROY S**
STREET ADDRESS **4615 W. WOODLYN AVENUE**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **MERRITT, ELEANOR**
STREET ADDRESS **3692 WALDEN POND DRIVE**
CITY - ST - ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **MILLER, SHARON E.**
STREET ADDRESS **2413 WEST GRAY**
CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **SAME**
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **SAME**
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **SAME**
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **SAME**
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 119.07(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 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** 4-29-96 (813) 253-2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)