

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000012645 (6)
1. Corporation Name

VISION ONE REALTY GROUP, INC.

Principal Place of Business

3440 MARINATOWN LANE NW
NORTH FORT MYERS FL 33903

Mailing Address

3440 MARINATOWN LANE NW
NORTH FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1993

4. FEI Number

65-0407678

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 6121 RIVERSHORE CT.

Suite, Apt. #, etc.

22

City & State

23 N. FT. MYERS, FL.

Zip

24 33917

Country

25 LEE

2a. Mailing Address

26 6121 RIVERSHORE CT.

Suite, Apt. #, etc.

27

City & State

28 N. FT. MYERS, FL.

Zip

29 33917

Country

30 LEE

9. Name and Address of Current Registered Agent

HOOLIHAN, THOMAS P JR.
3440 MARINATOWN LANE N.W.
NORTH FORT MYERS FL 33903

81 Name

THOMAS P. HOOLIHAN, JR.

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

6121 RIVERSHORE CT

83

N. FT. MYERS

84 City

FL

85 Zip Code

33917

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVPS
NAME HOOLIHAN, THOMAS, P, JR
STREET ADDRESS 3440 MARINATOWN JR.
CITY-ST-ZIP N FORT MYERS FL 33903

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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.

SIGNATURE:

SIGNATURE: [Signature]

9/23/98

941-543-4777

FILED
Oct 01 1998 8:00am
Secretary of State



CR2E034 (5/98)