

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000084817 (4)**

1. Corporation Name

OCEAN VISION TECHNOLOGY, INC.



Principal Place of Business

Mailing Address

**5051 14TH ST. S.W.
NAPLES FL 34116
US**

**P O BOX 11185
NAPLES FL 33941
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

4. FEI Number

65-0460448

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

2. Principal Place of Business

2a. Mailing Address

21 5051 14th Ave SW

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Naples FL

28

Zip

Country

Zip

Country

24 34116

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLETCHER, ROBERT
5051 14TH ST. S.W.
NAPLES FL 34116**

81 Name

Robert Fletcher

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

5051 14th Ave S.W.

83

84 City

Naples

FL

85 Zip Code

34116

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **FLETCHER, ROBERT**
STREET ADDRESS **5051 14TH ST. S.W.**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **SANDERS, ROYDEN L**
STREET ADDRESS **P O BOX 550**
CITY-ST-ZIP **WILTON NH**

TITLE **D** ☐ DELETE

NAME **WOODSUM, HARVEY**
STREET ADDRESS **47 CONSTITUTION DR**
CITY-ST-ZIP **BEDFORD NH**

TITLE **VP** ☐ DELETE

NAME **STEPHENS, AMY KELLER**
STREET ADDRESS **47 CONSTITUTION DRIVE**
CITY-ST-ZIP **BEDFORD NH**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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]

4-28-98 991-455-6080

CR2E034 (10/97)