

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90036 007 ***158.75

DOCUMENT # P93000084817

1. Corporation Name

OCEAN VISION TECHNOLOGY, INC.

Principal Place of Business

5051 14TH AVE SW
NAPLES FL 34116
US

Mailing Address

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 the current year intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 198 Caribbean Rd

Suite, Apt. #, etc.

22

City & State

23 Naples FL

Zip

24 34108

Country

25 US

2a. Mailing Address

26 198 Caribbean Rd

Suite, Apt. #, etc.

27

City & State

28 Naples FL

Zip

29 34108

Country

30 US

9. Name and Address of Current Registered Agent

FLETCHER, ROBERT
5051 14TH AVE SW
NAPLES FL 34116

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

85

Zip Code

86

State

87

City

88

State

89

City

90

State

91

City

92

State

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City

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State

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City

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State

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City

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State

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City

100

State

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 Sections 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 DP ☐ DELETE

NAME FLETCHER, ROBERT

STREET ADDRESS 5051 14TH AVE SW

CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME SANDERS, ROYDEN I

STREET ADDRESS P O BOX 550

CITY-ST-ZIP WILTON NH

TITLE D ☐ DELETE

NAME WOODSUM, HARVEY

STREET ADDRESS 3 EXECUTIVE PARK DR

CITY-ST-ZIP BEDFORD NH 03110

TITLE VP ☐ DELETE

NAME STEPHENS, AMY KELLER

STREET ADDRESS 3 EXECUTIVE PARK DR

CITY-ST-ZIP BEDFORD NH 03110

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 VP

4.3 STREET ADDRESS Amy Keller Glead (Glead, Amy Keller)

4.4 CITY-ST-ZIP 3 Executive Park Dr

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)