

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:46

DOCUMENT # P94000040280 (7)

1. Corporation Name

M H VISION SERVICES, INC.

Principal Place of Business

10424 N. DALE MABRY
TAMPA FL 33618

Mailing Address

10424 N. DALE MABRY
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

N/A

4. FEI Number

58-2081936

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

HEGETSCHWEILER, MARK
10424 N. DALE MABRY
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

83

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

(Signature required for registered agent and for corporation)

(DATE: Registered Agent signature required when circulating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☐ Change	☒ Addition
12 NAME	HEGETSCHWEILER, MARK		
13 STREET ADDRESS	4223 Meadowhill DRIVE		
14 CITY - ST - ZIP	TAMPA, FL 33624		
21 TITLE	SECRETARY	☐ Change	☒ Addition
22 NAME	HEGETSCHWEILER, SUSAN		
23 STREET ADDRESS	4223 Meadowhill DRIVE		
24 CITY - ST - ZIP	TAMPA, FL 33624		
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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. 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:

X. Susan M. Hegetschweiler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 6, 1995
DATE