FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000054336 (0)**

1. Corporation Name

VISIONS "10", INC.

Principal Place of Business	Mailing Address
~~1425 SE 20TH ST.~~ GAINESVILLE FL 32601 US	~~RT 2 BOX 723H~~ 3010 NW 170th St, NEWBERRY FL 32669

3. Date Incorporated or Qualified	3a. Date of Last Report
07/22/1994	08/10/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 1825 NW 22nd Terr.	Suite, Apt. #, etc. 27 3010 NW 170th St.
City & State 23 Gainesville FL	City & State 28 Newberry, FL
Zip / Country 24 32605 / 25 USA	Zip / Country 29 32669 / 30 USA

4. FEI Number: 59-3092803 — ☐ 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	10. Name and Address of New Registered Agent
SHELL, ARTHUR R JR. 1425 SE 20TH ST. SUITE A GAINESVILLE FL 32601	81 Name: Kenneth Davis 82 Street Address (P.O. Box Number is Not Acceptable): 1425 NE 8th St 83 84 City: Gainesville FL 85 Zip Code: 32601

11. Pursuant to the provisions of Section 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: X [signature] Aug 13, 1996
Signature of, or typed or printed name of, registered agent and, if applicable, the officer. (Not a Registered Agent signature required for reinstatement) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHELL, ARTHUR R JR 502 NW 75TH ST BOX 10 GAINESVILLE FL 32605	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP Davis, Kenneth 1425 NE 8th St. Gainesville, Fl 32601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DUPREE, HERBERT C 1825 NW 22ND TER GAINESVILLE FL 32605	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GADDY, SAMUEL W ~~RT 2 BOX 723H~~ NEWBERRY FL 32669	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	3010 N.W. 170th St	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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 [signature] Aug 13, 1996 352-332-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #