FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000094039 (2)

1. Corporation Name

VISION FINANCIAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
1833 HALSTEAD BLVD. SUITE 1411 TALLAHASSEE FL 32308	1833 HALSTEAD BLVD. SUITE 1411 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report: April 1 1995
4. FEI Number: 59-3281270 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. [illegible] ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CORNETT, CHERYLL
1833 HALSTEAD BLVD.
SUITE 1411
TALLAHASSEE FL 32308

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 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12.		
TITLE		1 TITLE	PRESIDENT / CHAIRMAN	☐ Change ☒ Addition
NAME		1 NAME	J. WINTER CORNETT	
STREET ADDRESS		1 STREET ADDRESS	1833 Halstead Blvd #1411	
CITY-ST-ZIP		1 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32308	
TITLE		2 TITLE	VICE PRESIDENT / CHAIRMAN / TREASURER	☐ Change ☒ Addition
NAME		2 NAME	CHERYLL CORNETT	
STREET ADDRESS		2 STREET ADDRESS	1833 HALSTEAD Blvd #1411	
CITY-ST-ZIP		2 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32308	
TITLE		3 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		3 NAME	LEE STETSON JOHNSON	
STREET ADDRESS		3 STREET ADDRESS	2305 KILLEARN CENTER Blvd #169	
CITY-ST-ZIP		3 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		4 TITLE		☐ Change ☐ Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY-ST-ZIP		5 CITY-ST-ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY-ST-ZIP		6 CITY-ST-ZIP		

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)(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: Mrs. J. Winter Cornett Vice Pres/Treasurer 5-5-95 894-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0004480 FN