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Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000075583 (1)

1. Corporation Name
FIBERVISION, INC.



Principal Place of Business

423 BRIARWOOD RD.
VENICE FL 34293

Mailing Address

423 BRIARWOOD RD.
VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

54-1647847

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

21 801 ROTONDA CIR

Suite, Apt. #, etc.

City & State

23 ROTONDA WEST FL

Zip

24 33947

Country

25 U.S.A

2a. Mailing Address

26 P.O. BOX 7174

Suite, Apt. #, etc.

City & State

28 NORTH PORT, FL

Zip

29 34287

Country

30 U.S.A

9. Name and Address of Current Registered Agent

JAMESON, MARK A
423 BRIARWOOD RD.
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name ROBERT R. JAMESON

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

801 ROTONDA CIRCLE

83

84 City ROTONDA WEST

FL

85 Zip Code

33947

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

Robert R. Jameson

ROBERT R. JAMESON

4-21-98

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 D
NAME JAMESON, MARK A
STREET ADDRESS 423 BRIARWOOD RD.
CITY-ST-ZIP VENICE FL 34293

TITLE D
NAME JAMESON, ROBERT R
STREET ADDRESS 84 HAMPTON ST
CITY-ST-ZIP BASYE VA

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

1.1 TITLE D
1.2 NAME JAMESON, MARK A
1.3 STREET ADDRESS 1798 MARCONI AVENUE
1.4 CITY-ST-ZIP NORTH PORT, FL 34287

2.1 TITLE D
2.2 NAME JAMESON, ROBERT R
2.3 STREET ADDRESS 801 ROTONDA CIRCLE
2.4 CITY-ST-ZIP ROTONDA WEST, FL 33947

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

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 Robert R. Jameson

4/6/98 (941)697-8039

CR2E034 (10/97)