

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600006616

1. Corporation Name

VISIONARY MARKETING CONCEPTS, INC.

Principal Place of Business

Mailing Address

223 MARK TWAIN LANE ROTONDA WEST FL 33947 223 MARK TWAIN LANE **ROTONDA WEST FL 33947**

May 24, 1999 8:00 am Secretary of State

05-24-1999 90028 019 ***150.00



DO NOT WRITE IN THIS SPACE

						Date Incorporated or Qualifed 01/22/1996						
Principal Place of Business 2a, Mailing Address							. FEI Number		Appli	ed For		
21	26				65-0646595			Not A	Applicable			
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.	¬ ' '				. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State City & State							6. Election Campaign Financing \$5.00 May Be					
23							Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country			8.	. This corporation owes the current year Inta	ngible				
24 25 29				30			Personal Property Tax. Yes No					
	9. Name and Address of Currer	nt Registered Agent		1		10.	. Name and Address of New Registered A	gent				
LEMO BOTHER O					Name					١		
LEWIS, RONALD G				82 Street Address (P.O. Box Number is Not Acceptable)								
223 MARK TWAIN LANE				-								
ROTONDA WEST FL 33947				3								
			g	4	City			85	Zip Co	de		
			ľ	7	Oity		FL	33	Lip Oo	uc		
11. Pursua	nt to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-	named corpo	oration	n submits this statement for the purpose of c	hangin	g its re	gistered		
office of agent, !	r registered agent, or both, in the State I am familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized b ida Statute	yti S	ne corporation	n's bo	oard of directors. I hereby accept the appoint	ment a	s regis	terea		
SIGNATUR												
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register					signature required							
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND					
TITLE	PD	☐ DELETE	1.1 TITLE	1.1 TITLE				Cha	nge	Addition		
NAME	LEWIS, RONALD G		1.2 NAME									
STREET ADDRESS 223 MARK TWAIN LANE		1.3		1.3 STREET ADDRESS								
CITY-ST-ZIP	ROTONDA WEST FL 33947		1.4 CITY	ST-	ZIP							
TITLE	STD	☐ DELETE	2.1 TITLE	2.1 TITLE				☐ Cha	nge	☐ Addition		
NAME				2.2 NAME								
STREET ADDRES			2.3 STRE	2.3 STREET ADDRESS								
CITY-ST-ZIP	ROTONDA WEST FL 33947			2.4 CITY-ST-ZIP								
TITLE		☐ DELETE 3						Chai	nger	Addition		
NAME			3.2 NAME									
STREET ADDRES	ss		3.3 STRE	ET A	ADDRESS							
CITY-ST-ZIP			3.4. CITY		ZIP							
TITLE	DELETE		4.1 TITLE	4.1 TITLE				Chai	nge	Addition		
NAME			4, 2 NAM	E								
STREET ADDRES	es		4.3 STRE	ETA	NDORESS							
CITY-ST-ZIP			4.4 CITY	ST-Z	ZIP							
TITLE	· -		_	5.1 TITLE				☐ Cha	nge	☐ Addition		
NAME	1		5.2 NAME		{					ļ		
STREET ADDRES	ss		5.3 STRE	ΕTΑ	DDRESS							
CITY-ST-ZIP			5.4 CITY-		ZIP							
TITLE		☐ DELETE	6.1 TITLE					Chai	nge	☐ Addition		
NAME			6.2 NAME									
STREET ADORES	ss		6.3 STRE	ET A	DDRESS					ĺ		
CITY Of 710	Ì		64 CITY-	ST.	ZIP					ì		

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: