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FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000013764 (1)

1. Corporation Name  
THE VISIONARY GROUP INC.



Principal Place of Business  
3201 SANDY RIDGE DRIVE  
CLEARWATER FL 34621

Mailing Address  
3201 SANDY RIDGE DRIVE  
CLEARWATER FL 34621-1834

3. Date Incorporated or Qualified  
02/13/1996

3a. Date of Last Report

2. Principal Place of Business

21. 14405 N. Dale Mabry Hwy.  
Suite, Apt. #, etc.

22.

City & State

23. Tampa, FL

Zip

24. 33618

Country

25. Hillsborough

2a. Mailing Address

26. 14405 N. Dale Mabry Hwy.  
Suite, Apt. #, etc.

27.

City & State

28. Tampa, FL

Zip

29. 33618

Country

30. Hillsborough

4. FEI Number

59-3364613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

REEVES, VICKI L  
1715 W. CLEVELAND  
TAMPA FL 33606

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS FLORI, CHRISTOPHER G  
CITY-ST-ZIP 3201 SANDY RIDGE DRIVE  
CLEARWATER FL 34621

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DEWOLF, MARSHALL  
CITY-ST-ZIP 3201 SANDY RIDGE DRIVE  
CLEARWATER FL 34621

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 14405 N. Dale Mabry Hwy.  
1.4 CITY-ST-ZIP Tampa, FL. 33618

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 14405 N. Dale Mabry Hwy.  
2.4 CITY-ST-ZIP Tampa, FL. 33618

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chris Foster G. Flori 2/19/97 (813) 968-2025

CR2E034 (9/96)