FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT.
1998

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

OCUMENT # **P96000049153 (5)**

Corporation Name
VISION, INC.

rincipal Place of Business
604 DUMONT STREET
.V PORT RICHEY FL 34653
4604 DUMONT ST
NEW PORT RICHEY FL. 34653

Mailing Address
4604 DUMONT STREET
NEW PORT RICHEY FL 34653-6720

3. Date Incorporated or Qualified: 06/06/1996	3a. Date of Last Report: 4-25-97
4. FEI Number: 65-0694378	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	

2. Principal Place of Business (1)	2a. Mailing Address (26)
Suite, Apt #, etc. (22)	Suite, Apt #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

KUTCHINS, BRYAN A ESQ.
169 STATE STREET, WEST
SUITE A
OLDSMAR FL 34677

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TARRANTS, ORVIL E	
STREET ADDRESS	4604 DUMONT STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	PRESIDENT	☐ DELETE
NAME	ORVIL E. TARRANTS	
STREET ADDRESS	4604 DUMONT ST.	
CITY-ST-ZIP	New PORT Richey, FL. 34653	
TITLE	VICE. PRESIDENT	☐ DELETE
NAME	ORVIL E. TARRANTS	
STREET ADDRESS	4604 DUMONT ST	
CITY-ST-ZIP	New PORT Richey, FL. 34653	
TITLE	SEC. TREASURER	☐ DELETE
NAME	ORVIL E. TARRANTS	
STREET ADDRESS	4604 DUMONT ST.	
CITY-ST-ZIP	New PORT Richey, FL. 34653	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	800002540078	
5.3 STREET ADDRESS	-05/29/98--01004--035	
5.4 CITY-ST-ZIP	***165.00	
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 [illegible] 4/27/98 1-813

CR2E034 (9/96)