## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000101738 (8)

**VISIONARY INVESTORS OF TALLAHASSEE, INC.** 

**FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			1 1001(00) 110 101(0 Ellin Edin Afrik (10) 4610) 1101 1400 (1101 181( 183)	
468 MERLIN CT		2375 CENTERVILLE ROAD				
TALLAHASSEE FL 32301		TALLAHASSEE FL 32306			DO 1107 11075 11 7 110 001 05	
U\$				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
<b>6 6</b>	lead of Division	T 62 172 W. C 4 31 /			12/10/1996	<del></del>
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite Act # etc		26 468 Merlin Court Suite, Apt. #, etc.			59-3415503	Not Applicable
Sulte, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				Fee Required
·					6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip Zip	Cour		Trust Fund Contribution	Added to Fees
	<b>⊢</b> '	<u> </u>	<u> </u>	•	8. This corporation owes or has paid the cr	
24	25 9, Name and Address of Curren	29 32301	30 [];	>A	Personal Property Tax due June 30.  10. Name and Address of New Registered	
Th		r neglislered Agent		81 Name	10. Hame Blue Address of Hew Hogistered	y Mail
THOMPSON, SCOTT A			{	1101110		1
	8 MERLIN CT		82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
I TA	LL <b>a</b> hassee fl 32301		Ļ			
				83		
			ļ.	B4 City		85 Zip Code
				· ·	FI	<b>_  </b>   '
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Sta	tutes, the ab	ove-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statu	ites.	ation's board of Grectors. I hereby accept the ap	pointinent as registered
SIGNATURE						
Oldivironi.	Signature, typed or printed name of requiremed age	or and title if applicable (N	IOTE: Registered	Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	DELETE	1.1 1916	.E		Change Addition
NAME	WATSON, STEPHEN	1.2 NAME		ME an		
STREET ADDRESS			1.3 STF	EET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CIT	Y-ST-ZIP		
TITLE	D	DELET <b>e</b>	2 1 1 ITL	.E		Change Addition
NAME	THOMPSON, SCOTT	)TT 22 N		ME		
STREET ADORESS	468 MERLIN COURT		2.3 STR	EET AODRESS		
CITY-ST-ZIP	TALLALIA COPP PL COCCA		2.4 CI	Y-ST-21P		
TITLE	D	DELETE 3.1 T				☐ Change ☐ Addition
NAME	GOLAY, DONALD	-	3.2 NAI			
STREET ADDRESS	468 MERLIN COURT			EET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301			Y - S1 - ZIP		1
TITLE		DELETE	4.1 TITL			Change Addition
NAME		<u></u>	4.2 NA			
						1
STREET ADDRESS			ľ	EET ADDRESS		,
CITY-ST-ZIP		DELETE		(-ST-ZIP		Change Addition
TITLE		בן אנונונ	5.1 TITE			AT CHANGE LI MUGICION
NAME			5.2 NAM			<b>M</b> ////クカート
STREET ADDRESS			5.3 STP	EET ADDRESS	4	7/4/5//
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	6.1 T(T)	.E	5000025068	Addition Addition
NAME			6.2 NAM	AE :	-04/30/98010190	الاع
STREET ADDRESS			6.3 STR	EET ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		

14. Thereby 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 suppremental 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 of the receiver or trustee enjoyeered 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 gryain attachment with a statutes.