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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1998 8:00am

Secretary of State

DOCUMENT # P9700002276 (8)

T.J. & S. VISIONS, INC.

Principal Place of Business Mailing Address 2005 N.W. 43RD ST. 2005 N.W. 43RD BT. GAINESVILLE FL \$2605 GAINESVILLE FL 32605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/09/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-3417603 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. WYes No Zip Country 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SULSONA-DAVILA, TAMMY J 2005 N.W. 43RD ST. 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32605 83 84 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. Tammu Sulsona-L SIGNATURE DIFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 THILE Alvaro F. Sulsona-Davila Jr., 2005 N.W. 43 d St. 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS bainesville, 71.32605 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE /S Timothy J. Mann 17833 CautyRd. 18 Broker, H. 32622 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP Change ☐ DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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