06241999-90013-039-$158.75-$158.75

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 NOV 19 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059467

1. Corporation Name
VISUAL LOGIC, INC.

Principal Place of Business	Mailing Address
3250 SE 58 AVE OCALA FL 34472	3250 SE 58 AVE OCALA FL 34472

6-24-99 90013 039
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1997

21 Principal Place of Business: 3250 SE 58th Ave.	26 Mailing Address: 3250 SE 58th Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala, FL	28 City & State: Ocala, FL
24 Zip: 34472 25 Country: USA Marion	29 Zip: 34472 30 Country: USA Marion

4. FEI Number: 59-3455893 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HICKS, DANIEL
2303 SE 17 STREET STE 201
OCALA FL 34471

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 607.1506, 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] 11/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PLAWECKI, DANIEL W		1.2 NAME	
STREET ADDRESS	200 NE 52 AVE		1.3 STREET ADDRESS	200003044222---
CITY-ST-ZIP	OCALA FL 33470		1.4 CITY-ST-ZIP	-11/15/99--01103--001
TITLE	VD	☒ DELETE	2.1 TITLE	****600. ☐ Change ☐ Addition
NAME	CAFARO, TOM		2.2 NAME	
STREET ADDRESS	29 ALMOND DR RUN		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 33472		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PLAWECKI, MICHELE M		3.2 NAME	
STREET ADDRESS	200 NE 52 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 33470		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

REINSTATEMENT 99

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: Michele Plawecki 5/27/99 352 624-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P02E004 (11/98)