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FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000098672 (3)

1. Corporation Name

VISIONEERING CONSULTANTS, INC.

Principal Place of Business

Mailing Address

3022 ST JAMES ST
PORT CHARLOTTE FL 33952

3022 ST JAMES ST
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1997

4. FEI Number

65-0795867

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 258 Bangsberg Rd. SE

Suite, Apt. #, etc.

22 City & State

23 Port Charlotte, FL

24 Zip

33952

Country

25 USA

2a. Mailing Address

26 PO Box 6033

Suite, Apt. #, etc.

27 City & State

28 Port Charlotte, FL

29 Zip

33949

Country

30 USA

9. Name and Address of Current Registered Agent

BROOKS, MITCHELL T
3022 ST JAMES ST
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

258 Bangsberg Rd. SE

84 City

Port Charlotte

FL

85 Zip Code

33952

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 reinstating)

DATE

Mitchell T. Brooks Mitchell T. Brooks

3/16/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BROOKS, MITCHELL T
STREET ADDRESS 3022 ST JAMES ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ DELETE

NAME D
MALLISON, J ANDREW
STREET ADDRESS 106 PARKVIEW DRIVE
CITY-ST-ZIP PHOENIXVILLE PA 19460-4228

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 D
Brooks, Mitchell T.
1.3 STREET ADDRESS 258 Bangsberg Rd. SE
1.4 CITY-ST-ZIP Port Charlotte, FL 33952

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
Mallison, J. Andrew
2.3 STREET ADDRESS 258 Bangsberg Rd. SE
2.4 CITY-ST-ZIP Port Charlotte, FL 33952

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 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 Mitchell T. Brooks Mitchell T. Brooks 3/16/98 944 766-8788

CR2E034 (10/97)