

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90060 046 ***158.75

DOCUMENT # P98000028168

1. Corporation Name
INTEGRATED VISIONS, INC.

Principal Place of Business
226 GOLDEN GATE PT. #52
SARASOTA FL 34236

Mailing Address
226 GOLDEN GATE PT. #52
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

65-0826366

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 4312 Brandywine Dr.

26 4312 Brandywine Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SARASOTA, Florida

27 City & State

28 Sarasota, FLA.

24 Zip 34241-6107 25 Country USA

29 Zip 34241-6107 30 Country USA

9. Name and Address of Current Registered Agent

BRIDGFORD, CAROLYN
226 GOLDEN GATE PT. #52
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Carolyn Bridgford

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

4312 Brandywine Drive

83

84 City

SARASOTA, FLA. FL

85 Zip Code

34241-6107

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

By: Carolyn Bridgford CAROLYN BRIDGFORD

AS PRESIDENT INTEGRATED VISIONS, INC.

FEB. 11, 1999

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRIDGFORD, CAROLYN
STREET ADDRESS 226 GOLDEN GATE PT. #52
CITY-ST-ZIP SARASOTA FL 34236

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, S, T, D
1.2 NAME BRIDGFORD, CAROLYN
1.3 STREET ADDRESS 4312 Brandywine Dr.
1.4 CITY-ST-ZIP SARASOTA, FLA. 34241-6107

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

By: Carolyn Bridgford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/99

941-378-0013

CR2E034 (11/98)