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

DOCUMENT #	P98000065344	1

1. Corporation Name

Principal Place of Business

MAY, JAMES M

9511 HENRY MOSS CIRCLE

TALLAHASSEE FL 32311

9511 HENRY MOSS CIRCLE

TALLAHASSEE FL 32311

VISIONEERING ENTERPRISES. INC.

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 10644
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
23	28 Jallahassee, Fl
Zip Country	27277 (PANO)
24 25	29 Od OU d 30 COV

Mailing Address

9511 HENRY MOSS CIRCLE TALLAHASSEE FL 32311

82

81 Name

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

3. Date Incorporated or Qualified

Certificate of Status Desired

6. Election Campaign Financing

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax

07/24/1998

FILED

53 NFR 27 PH 4: 50

ECCLERATE OF STATE

DO NOT WRITE IN THIS SPACE

83 City

Zip Code 85 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 registeriel agent and little if applica-	ble (NÓTE Re	sjistered Agest sejuid in req
12.	OFFICERS AND DIRECTOR	RS	13.
TITLE	PD	[] DELETE	11 THE
NAME	MAY, JAMES M		1.2 NAME
STREET ADDRESS	P O BOX 10644 N/A		1.3 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL 32302		14 CITY+ST-ZIF
TITLE	V	[] DELETE	21 TiTLE
NAME	MOSS, ELIZABETH A		2.2 NAME.
STREET ADDRESS	9511 HENRY MOSS CIRCLE		23 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL 32311		2.4 C/TY-\$1-2/F
TITLE		[] DELETE	3 1 TITLE
NAME			3.2 NAME
STREET ADDRESS			33 STREET ADORESS
CITY-ST-ZIP			34 OTY-ST-ZIP
TITLE		[] DELETE	41 TITLE
NAME			4 2 NAME
STREET ADDRESS		i	43 STREET ADDRESS
CITY-ST-ZIP			4.4 C(1 Y - ST - Z) ⁻²
TITLE		[] DELETE	5 1 TIFLE
NAME 1			5 2 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP .			54 City-St-2iF
TITLE		[.] DELETE	61 TITLE
NAME			6.2 NAME
STREET ADDRESS			63 STREET ADDRESS

DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change [| Addition 500002859235 -04/30/99--01137--001 ****150.00 ****150.00 [] Add tion

> Addition E.I.Chance

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

[|Yes

[| Change [] Addition

f | Change

[| Change [] Addition

F I Addition

14. I hereby certify that the information supplied with this fitting 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 marle under ooth, 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 chapsed, or on an attachment with an address, with all other like empowered.

SIGNATURE: