

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

150

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90119 048 \*\*\*150.00

DOCUMENT # P98000080094

1. Corporation Name  
NORTH AMERICAN VISION ALLIANCE, INC.



Principal Place of Business  
600 S BARRACKS ST  
SUITE 201-1  
PENSACOLA FL 32501

Mailing Address  
600 S BARRACKS ST  
SUITE 201-1  
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

59-3534508

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

2. Principal Place of Business

2a. Mailing Address

21 600 South Barracks

26 Suite, Apt. #, etc.

22 Suite 201-9

27 City & State

23 Pensacola FL

28 City & State

24 #32501

29 Country

25 Escambia

30 Zip

26 Country

31 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.1508, 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

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P

NAME D

JOSEPH, RONALD C

STREET ADDRESS 24855 DRAW BAUGH RD

CITY-ST-ZIP ATHENS AL 35613

☐ DELETE

1.1 TITLE P

1.2 NAME

JOSEPH, RONALD C

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2310 OXFORD DR.  
PENSACOLA, FL 32503

☒ Change ☐ Addition

TITLE S

NAME D

JOINER, DESMOND

STREET ADDRESS 3506 CARROLL CR SE

CITY-ST-ZIP HUNTSVILLE AL 35801

☐ DELETE

2.1 TITLE S

2.2 NAME

JOINER, DESMOND E

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

9171 WOODRUN ROAD  
PENSACOLA FL 32514

☒ Change ☐ Addition

TITLE D

NAME VALENTINO, GENE M

STREET ADDRESS 600 S BARRACKS ST STE 201-1

CITY-ST-ZIP PENSACOLA FL 32501

☒ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 850-432-8991

CR2E034 (1/98)