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
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90019 046 ***550.00

DOCUMENT # P98000102203

1. Corporation Name
VISIONARY MARKETING, INC.

Principal Place of Business	Mailing Address
100 MESA PARK BLVD FELLSMERE FL 32948	100 MESA PARK BLVD FELLSMERE FL 32948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1998

2. Principal Place of Business
21 9301 North AIA
Suite, Apt. #, etc.
22 Suite 2
City & State
23 Vero Beach, FL
Zip 24 32963 Country 25 USA

2a. Mailing Address
26 9301 North AIA
Suite, Apt. #, etc.
27 Suite 2
City & State
28 Vero Beach, FL
Zip 29 32963 Country 30 USA

4. FEI Number: 59-3547441 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

EVANS, RALPH L
3355 OCEAN DRIVE
VERO BEACH FL 32963

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	T	☑ Change ☐ Addition
NAME	PARSONS, JEFF S		1.2 NAME	JEFF S. PARSONS	
STREET ADDRESS	P.O. BOX 69		1.3 STREET ADDRESS	101 INDIGO COVE PLACE	
CITY-ST-ZIP	WABASSO FL 32970		1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		☐ DELETE	2.1 TITLE	P	☐ Change ☑ Addition
NAME			2.2 NAME	E. FRED AUGENSTEIN	
STREET ADDRESS			2.3 STREET ADDRESS	179 CAPRONA ST	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		☐ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME			3.2 NAME	CARIDAD C. WEBER	
STREET ADDRESS			3.3 STREET ADDRESS	1782 LACONIA ST	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	SEBASTIAN, FL 32958	
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		

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 REQUIRED — 6/1/99 — 561/571-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)