FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S90221** **(0)**

1. Corporation Name
INTRAVUE, INC.

Principal Place of Business	Mailing Address
6 E. BAY ST. #500 JACKSONVILLE FL 32202	6 E. BAY ST. #500 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1991**
3a. Date of Last Report: **10/04/1994**

2. Principal Place of Business (21)
2a. Mailing Address (28)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (29)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-3089418** ☐ 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 has liability for intangible tax under § 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FAIRMAN, LARRY J.
6 EAST BAY STREET
SUITE 500
JACKSONVILLE FL 32202

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 mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☑ Change ☐ Addition
NAME	FAIRMAN, LARRY J.	12 NAME	
STREET ADDRESS	108 ORANGE ST.	13 STREET ADDRESS	6 East Bay Street, 5th Floor
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	14 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WOODCOCK, DAVID A. JR	22 NAME	
STREET ADDRESS	3 BEDFORD DR	23 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☑ Change ☐ Addition
NAME	GANN, JAMES	32 NAME	
STREET ADDRESS	308 MIDWAY ST.	33 STREET ADDRESS	1912 1st Street North
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	34 CITY-ST-ZIP	Jacksonville Beach, Fl 32250
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, RAYMOND	42 NAME	
STREET ADDRESS	209 OAKS DR. SOUTH	43 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 if changed, or on an attachment with an address.

SIGNATURE: _____ Larry J. Fairman 4-3-95 904 353-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0013585 CP