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

FILED
95 JAN 25 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22326 (5)

1. Corporation Name
INFINITE HORIZONS, INC.

Principal Place of Business	Mailing Address
650 S. NORTH LAKE BLVD. SUITE 490 ALTAMONTE SPRINGS FL 32701	650 S. NORTH LAKE BLVD. SUITE 490 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1992
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business	2a. Mailing Address
21 1051 Winderley Pl	26 1051 Winderley PL
22 Suite 300	27 Suite 300
23 Maitland, FL	28 Maitland FL
24 Zip 32751 25 Country USA	29 Zip 32751 30 Country USA

4. FEI Number: 59-3115466 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VICKERS, MELTON JAY
1151 POST LAKE PL, #213
APOPKA FL 32703

10. Name and Address of New Registered Agent

01 Name: Melton Jay Vickers
02 Street Address (P.O. Box Number is Not Acceptable): 820 Wesley Cr #200
03
04 City: Apopka FL 05 Zip Code: 32703

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] Jay Vickers 1/11/94
(Appointed Agent's typed or printed name of registered agent and title if an officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	PICIOCCHI, PAUL	1.2 NAME	
STREET ADDRESS	3515 S.W. 39TH BLVD. 9-D	1.3 STREET ADDRESS	820 Wesley Cr #200
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	VICKERS, MELTON JAY	2.2 NAME	
STREET ADDRESS	3515 S.W. 39TH BLVD. 9-D	2.3 STREET ADDRESS	820 Wesley Cr #200
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0036173 CR