

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 654524 (8)

1. Corporation Name
IDEAL OPTICAL, INC.

| | |
|--|---|
| Principal Place of Business IDEAL OPTICAL INC. 6873 A NORTH 9TH AVE. PENSACOLA FL 32504 US | Mailing Address 6873 A NORTH 9TH AVE. PENSACOLA FL 32504 US |
|--|---|

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 20 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 29 Country |
| 25 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified 02/01/1980 | 3a. Date of Last Report 03/30/1994 |
| 4. FEI Number 59-1977762 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**PUTMAN, FRED L
6873 A NORTH 9TH
PENSACOLA FL 32504**

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

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | VD |
| NAME | PUTMAN, TERRY A. |
| STREET ADDRESS | 6873 A NORTH, 9TH AVE. |
| CITY - ST - ZIP | PENSACOLA FL |
| TITLE | STD |
| NAME | PUTNAM, BRENDA |
| STREET ADDRESS | 6873 A NORTH, 9TH AVE. |
| CITY - ST - ZIP | PENSACOLA, FL 00000 |
| TITLE | D |
| NAME | PHILLIPS, JOE |
| STREET ADDRESS | 832 CREIGHTON RD |
| CITY - ST - ZIP | PENSACOLA, FL 00000 |
| TITLE | PD |
| NAME | PUTMAN, FRED L |
| STREET ADDRESS | 6873 A NORTH, 9TH AVE. |
| CITY - ST - ZIP | PENSACOLA, FL 00000 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brenda J. Putman* - **BRENDA J. PUTMAN - SECRETARY** / 4-5-95 - 9044770582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR