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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90156 035 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 654524

1. Corporation Name

STREET ADDRESS

IDEAL OPTICAL, INC.

| Principal Place of Business Mailing Addre   |  |  | ess      |                 |               |  |                  |              |          |
|---|--|--|----------|-----------------|---------------|--|------------------|--------------|----------|
| IDEAL OPTICAL   |  | 6873 A NORTH 9TH AVE.  |          |                 |               |  |                  |              |          |
| 6873 A NORTH  |  | PENSACOLA FL 32504   |          |                 |               | DO NOT WRITE IN THIS SPACE   |                  |              |          |
| PENSACOLA FL 32504 US US  |  |  |          |                 |               | 3. Date Incorporated or Qualified  |                  |              |          |
| 00  |  |  |          |                 |               | 02/01/1980   |                  |              | ╛        |
| 2. Principal P  | lace of Business                                 | 2a. Mailing Address  |          |                 |               | 4. FEI Number  |                  | Applied For  |          |
| 21  | ·  | 26   |          |                 |               | <u>59-1977762</u>  |                  | Not Applicab | le       |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |          |                 |               | 5. Certificate of Status Desired   |                  | Additional   |          |
| 22  |  | 27   |          |                 |               |  |                  | Required     |          |
| City & Stat   | e  | —,   |          |                 | **            | 6: Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |                  |              |          |
| 23 Zin  | Country  | Zip  | Cor      | intry           |               | This corporation owes the current year Int   |                  | u to rees    | $\dashv$ |
| Zip   | 25   | 29   | 30       | ,               |               | Personal Property Tax.   | Aligibie<br>⊠Yes | □No          |          |
| 24  | 9. Name and Address of Current                   |  | 30       | Τ               |               | 10. Name and Address of New Registered   | Agent            |              | -        |
|   |  | g-weer war i gonis   |          | 81              | Name          |  |                  |              |          |
| PUTMAN, FRED L  |  |  |          |                 | 004.8.44      | (D.O. D. N. Landa Nat Assessable)  |                  |              |          |
|   | A NORTH 9TH                                      |  |          | 82              | Street Add    | ress (P.O. Box Number is Not Acceptable)   |                  |              | Į        |
| PEN:  | SACOLA FL 32504                                  |  | *        | 83              |               | -  |                  |              | $\neg$   |
|   |  |  |          | 84              | City          |  | 85 Zi            | ip Code      |          |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the |  |  |          | 1               | •             | FL FL  | .                |              |          |
| agent. I a  | rn familiar with, and accept the obligation      | ons of, Section 607.0505, Flor<br>and title if applicable. (NOTE | ida Stat | utes.           |               | on's board of directors. I hereby accept the appoint the appoint of the state of th |                  |              |          |
| 12.   | OFFICERS AND                                     | DELETE   | 1.1 TI   | TI E            | $\overline{}$ | ABBITIONS/CHANGES TO GITTEENS AT   | Chang            |              | —— f     |
| TITLE   | PUTMAN, TERRY A.                                 | 1.2 N  |          |                 |               |  | و                | - <u>-</u>   |          |
| NAME  | COZO A NICIOTUL OTULANO                          |  |          |                 | ADDRESS       |  |                  |              |          |
| STREET ADDRESS  | PENSACOLA FL 32504                               |  |          |                 |               |  |                  |              | Ì        |
| CITY-ST-ZIP<br>TITLE  | PENSACULA FL 32504. 1.4 Cl<br>STD □ DELETE 2.1 π |  |          |                 | -ZIP          |  | ☐ Chang          | je 🗌 Addii   | tion     |
| NAME  | PUTMAN, BRENDA                                   |  |          |                 | \<br>         |  |                  | _            | - {      |
| STREET ADDRESS  | COTO A MODITU OTU AVE                            |  |          |                 | ADDRESS       | ,  |                  |              | - 1      |
| CITY-ST-ZIP   | PENSACOLA, FL 00000 32504                        |  |          | TY-SI           | 1             | <b></b>  |                  |              |          |
| TITLE   |  |  | 3.1 T    |                 |               |  | Chang            | ge 🔲 Addit   | tion     |
| NAME  | PHILLIPS, JOE                                    | ·  | 3.2 N    | -<br>AME        | · [           |  |                  |              |          |
| STREET ADDRESS  | AND COLICUTOR OD                                 |  | 3.3 S    | TREET           | ADDRESS       |  |                  |              |          |
| CITY-ST-ZIP   | PENSACOLA, FL 00000 32504                        |  | 3.4. C   | :ITY-\$1        | T-ZIP         |  |                  |              |          |
| TITLE   | PD   | ☐ DELETE   | 4.1 Ti   | TLE             |               |  | Chang            | ge 🗌 Addit   | tion     |
| NAME  | PUTMAN, FRED L                                   |  | 4.21     | IAME            |               |  |                  |              | - }      |
| STREET ADDRESS  | 6873 A NORTH, 9TH AVE.                           |  | 4.3 S    | TREET           | ADDRESS       |  |                  | •            |          |
| CITY-ST-ZIP   |  |  | 4.4 C    | 4.4 CITY-ST-ZIP |               |  |                  |              |          |
| TITLE   |  |  |          | TITLE           |               |  | Chang            | ge 🔲 Addi    | tion     |
| NAME  |  |  | 5.2 N    | AME             |               |  |                  |              | }        |
| STREET ADDRESS  |  |  | 5.3 S    | TREET           | ADORESS       |  |                  |              |          |
| CITY-ST-ZIP   |  |  | _        | ITY-ST          | -ZIP          |  |                  |              |          |
| TITLE   |  | ☐ DELETE   | 6.1 T    |                 |               |  | Chang            | ge 🔲 Addi    | tion     |
| NAME  |  |  | 6.2 N    | AME,            | 1             |  |                  |              | 1        |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP