

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

DOCUMENT # **H20444**

(6)

1. Corporation Name

F.W.B. OPTICAL LAB, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:39

Principal Place of Business

**50-C EGLIN PARKWAY
FT. WALTON BEACH FL 32548**

Mailing Address

**50-C EGLIN PARKWAY
FT. WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/11/1984

3a. Date of Last Report
01/19/1994

4. FEI Number
59-2447435

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

2. Principal Place of Business

21

Suite, Apt. #, etc

2a. Mailing Address

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FONTENOT, JOSEPH D., SR.
592 MOONEY RD.
FT. WALTON BEACH FL 32548**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
FONTENOT, JOSEPH D.
592 MOONEY RD
FT. WALTON BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
FONTENOT, BETTY J.
592 MOONEY RD
FT. WALTON BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
BLOM, MONA P.
50 EGLIN PARKWAY
FT. WALTON BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MD
MCCLURE, JAMES W.
50 EGLIN PARKWAY
FT. WALTON BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
MCCLURE, TAMMY J.
50 EGLIN PARKWAY
FT. WALTON BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 190.07(3)(b), 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:

Joseph D Fontenot
SIGNATURE TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH D. FONTENOT
PRESIDENT CORP. 10 JAN 95 904 2430624**