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PROFIT
CORPORATION
ANNUAL REPORT
1996



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.

Principal Place of Business

50-C EGLIN PARKWAY
FT. WALTON BEACH FL 32548

Mailing Address

50-C EGLIN PARKWAY
FT. WALTON BEACH FL 32548



3. Date Incorporated or Qualified

09/11/1984

3a. Date of Last Report

01/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FONTENOT, JOSEPH D.
STREET ADDRESS 592 MOONEY RD
CITY-ST-ZIP FT. WALTON BCH. FL

TITLE TD ☐ DELETE

NAME FONTENOT, BETTY J.
STREET ADDRESS 592 MOONEY RD
CITY-ST-ZIP FT. WALTON BCH. FL

TITLE VP ☐ DELETE

NAME BLOM, MONA P.
STREET ADDRESS 50 EGLIN PARKWAY
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE MD ☐ DELETE

NAME MCCLURE, JAMES W.
STREET ADDRESS 50 EGLIN PARKWAY
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE SD ☐ DELETE

NAME MCCLURE, TAMMY J.
STREET ADDRESS 50 EGLIN PARKWAY
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 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 president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 96 904 2430624

Date Daytime Phone #

CR2E034 (12/95)