

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:17

DOCUMENT # **K95326** (0)

1. Corporation Name
EYEWEAR EXPRESS, INC.

Principal Place of Business Mailing Address
C/O CHARLES E. CLEVINGER 8333 NORTH DAVIS HWY.
PENSACOLA FL 32514-6049 C/O CHARLES E. CLEVINGER
8333 NORTH DAVIS HWY.
PENSACOLA FL 32514-6049

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/14/1989** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business 2a. Mailing Address
21 Sute, Apt. #, etc. 26 Sute, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country
24 25 28 30

4. FEI Number **59-2963367** 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 franchise tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CLEVINGER, CHARLES E.
C/O MEDICAL CENTER CLINIC
8333 NORTH DAVIS HWY.
PENSACOLA FL 32514-6049**

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

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
DP **CLEVINGER, CHARLES E.
8333 N. DAVIS HWY.
PENSACOLA FL**
D **REDMOND, MICHAEL
8333 N. DAVIS HWY.
PENSACOLA FL**
D **ULLMAN, SAUL
8333 N. DAVIS HWY.
PENSACOLA FL**
D **BRAYTON, JOHN R., JR.
8333 N. DAVIS HWY.
PENSACOLA FL**
D **ALDRED, W. VAN
8333 N. DAVID HWY.
PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change 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)(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: *Charles Clevinger* *Sandra Norman* 4-10-95 204 477-8800
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR