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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000081241 (0)

BRIDGES OPTICAL, INC.

## **FILED** Feb 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								1 20111 <b>43</b> 411 <b>46</b> 11	0 10 10 10 110 10 10 10 10 10 10 10 10 1	1 1101 1001
1600 LAKELAND HILLS BLVD LAKELAND FL 33805			1600 LAKELAND HILLS BLVD LAKELAND FL 33805-3019							
							<ol> <li>Date Incorporated or C</li> <li>11/19/1993</li> </ol>	Qualified 3	3a. Date of Last F 06/10/1996	ieport
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			pplied For
21			26				<b>59-3211968</b> Not Applicable			
Suite, Apt #, etc.			Suite, Apt. #, etc.			5. Certificate of Status De	Fee Hequired			
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
23			28 Country			Trust Fund Contribution				
Zip	Country	´ ⊢	Zip Country				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes			
24	9, Name and Addre	es of Current Beau					Florida Statutes Yes No  10. Name and Address of New Registered Agent			
		as of Current negr	stered Agent		81	Name	IV. Hame and Address o	I ITOM HOUSE	re-ea Agent	
BRIDGES, MARK 1600 LAKELAND HILLS BLVD					82		dress (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33805					83					
					84	City			FL 85 Zip	Code
11. Pursuant	to the provisions of Sect	ions 607.0502 and (	607.1508 Florida Statut	es, the al	DOVE	e-named c	orporation submits this statemen	t for the purp	<u> </u>	ts registered
office or i	registered agent, or both im familiar with, and acc	i, in the State of Flor	ida. Such change was	authorize	d by	the corpo	oration's board of directors. I here	eby ac <b>cep</b> t th	ne appointment as	registered
SIGNATURE	Signature, typed or printed name	of reactores spect and tel	a il poplicable (NO)	L. D. actors	d Ago	or cianatura r	equired when reinstating)		DATE	
12. OFFICERS AND D						- signeriore ii	ADDITIONS/CHANGES			7S IN 12
TITLE	D				1.1 TITLE				☐ Change	Addition
NAME	BRIDGES, MARK			1.2 N	ME				_	
STREET ADDRESS 1800 LAKELAND HILLS BLVD				1.3 STREET ADDRESS						
C!TY-S1-ZIP	LAKELAND FL 3380			1.4 CI						
TITLE			DELETE	2.1 TI					☐ Change	☐ Addition
NAME				2.2 NA						
STREET ADDRESS				2.3 STI		ADDRESS				
CITY-ST-ZIP				2. 4 CITY		IT-ZIP				
TITLE			DELETE						☐ Change	Addition
NAME				3.2 N	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				ļ
CITY - ST - ZIP				3.4. C	ITY - S	iT-ZIP				1
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE 4.1 T		TLE				☐ Change	Addition
NAME				4. 2 N	AME	†				
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP				
TITLE			DELETE	5.1 TI	TLE				☐ Change	☐ Addition
NAME				5.2 N/	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY - ST - ZIP				5.4 CI	TY-S	T-ZIP				
TITLE			☐ DELETE	6.1 (1)	TLE				Change	Addition
NAME				6.2 N/	ME					
STREET ADDRESS				63 ST	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>			6.4 CI	TY-S					
44 (	hiri mangaliki dhima dhim in Comer	فالطفان الممانم مستم مماله	فالمريب فمام ومعاهر والكارمانية	£			ted in Contine 110 07/21/A Florid	1 - Cana, ann 1	further contifue that	41.0

I do 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 in 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.

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARK TOBRIDGES Maw Bulls