

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000015472

**Entity Name:** TRI-COUNTY OPTICAL LABORATORIES, INC.

**Current Principal Place of Business:**

7600 CORPORATE CENTER DRIVE  
SUITE 200  
MIAMI , FL 33126

**Current Mailing Address:**

7600 CORPORATE CENTER DRIVE  
SUITE 200  
MIAMI , FL 33126 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STERN, LEE  
Address        7600 CORPORATE CENTER DRIVE  
                  SUITE 200  
City-State-Zip: MIAMI FL 33126

Title            SECRETARY, DIRECTOR  
Name            HARROLD, JASON  
Address        45 BALLAS COURT  
City-State-Zip: ST. LOUIS MO 63131

Title            TREASURER, DIRECTOR  
Name            PLEVYAK, DAVE  
Address        3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670

Title            VP, DIRECTOR  
Name            PASSUELLO, LESTER EARL  
Address        3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670

Title            DIRECTOR  
Name            STELLMACHER, KEN  
Address        7600 CORPORATE CENTER DRIVE  
                  SUITE 200  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JASON HARROLD**

**SECRETARY**

**03/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date