

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIO

95 JUN 19 PM 3:24

DOCUMENT # 235097 (3)

1. Corporation Name
BEACH OPTICAL COMPANY

Principal Place of Business Mailing Address
**21 S. 12TH ST.
JACKSONVILLE BEACH FL 32250** **21 S. 12TH ST.
JACKSONVILLE BEACH FL 32250**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|--|------------------------|--|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 2a | | 04/04/1960 | 02/14/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 59-0916725 | Not Applicable |
| 23 City & State | | 28 City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 zip | | 29 zip | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | | 29 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Country | | 30 Country | | 5. This corporation has liability for intangible tax under a. 100.000, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

**MATHEWS, A. W.
21 S. 12TH ST.
JACKSONVILLE BCH. FL 32250**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | PD | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHEWS, A. W. | 1 2 NAME | |
| STREET ADDRESS | 434 PABLO PT DR. | 1 3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 1 4 CITY - ST - ZIP | |
| TITLE | V | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHEWS, S. D. | 2 2 NAME | |
| STREET ADDRESS | 11652 HIDDEN HILLS DR S | 2 3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 2 4 CITY - ST - ZIP | |
| TITLE | ST | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHEWS, C. W. | 3 2 NAME | |
| STREET ADDRESS | 434 PABLO PT DR | 3 3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 3 4 CITY - ST - ZIP | |
| TITLE | | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4 4 CITY - ST - ZIP | |
| TITLE | | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5 4 CITY - ST - ZIP | |
| TITLE | | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 118.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.W. Mathews 6-13-95 904-249-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Filing #)

CR2E034 (3/95)