

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 256675 (0)

1. Corporation Name

JOHNSON & JOHNSON VISION PRODUCTS, INC.

Principal Place of Business

4500 SALISBURY RD.
PO BOX 10157
JACKSONVILLE FL 32216-7157

Mailing Address

4500 SALISBURY RD.
PO BOX 10157
JACKSONVILLE FL 32216-7157

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

g. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/07/1962

3a. Date of Last Report

05/01/1995

4. FET Number

59-0948197

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and the date of filing.

Signature, typed or printed name of registered agent and the date of filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

CD
WALSH, B.W.
1 JOHNSON & JOHNSON PLZ
NEW BRUNSWICK NJ 08933

TITLE NAME ☐ DELETE

P
KUNKLE, G.
4500 SALISBURY RD.
JACKSONVILLE FL

TITLE NAME ☐ DELETE

AS
ZOCCA, R. L.
1 JOHNSON & JOHNSON PLZ
NEW BRUNSWICK NJ

TITLE NAME ☐ DELETE

AS
ROGASKI, S.
4500 SALISBURY RD.
JACKSONVILLE FL

TITLE NAME ☐ DELETE

V
STEPHENS, W. P.
4500 SALISBURY RD.
JACKSONVILLE FL

TITLE NAME ☐ DELETE

VT
SHORT, H.E.
4500 SALISBURY RD.
JACKSONVILLE 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)(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: Willi P. Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(904) 443-1000

Date

Daytime Phone #

CR2E034 (12/95)