


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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # 265721 (1) 1. Corporation Name PROFESSIONAL OPTICAL COMPANY BAYCO																																																																																																															
Principal Place of Business 1201 HARRISON AVE POB 1580 PANAMA CITY FL 32401 US		Mailing Address 1201 HARRISON AVENUE P.O. BOX 1580 PANAMA CITY FL 32401-2432 US																																																																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																																																													
9. Name and Address of Current Registered Agent WILLIAMS, RICHARD E. 1201 HARRISON AVENUE PANAMA CITY FL 32401		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 title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PTD</td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, RICHARD E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 HARRISON AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DILLINGHAM, MARY ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 HARRISON AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PTD	<input type="checkbox"/> DELETE	NAME	WILLIAMS, RICHARD E.		STREET ADDRESS	1201 HARRISON AVE		CITY-ST-ZIP	PANAMA CITY FL		TITLE	DS	<input checked="" type="checkbox"/> DELETE	NAME	DILLINGHAM, MARY ANN		STREET ADDRESS	1201 HARRISON AVE		CITY-ST-ZIP	PANAMA CITY FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1.1 TITLE</td> <td style="width: 40%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Director</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>Alvin E. Williams</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>1201 Harrison Ave.</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Sec.</td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>Lynn W. Williams</td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>1201 Harrison Ave</td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	Director	2.3 STREET ADDRESS	Alvin E. Williams	2.4 CITY-ST-ZIP	1201 Harrison Ave.	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	Sec.	3.3 STREET ADDRESS	Lynn W. Williams	3.4 CITY-ST-ZIP	1201 Harrison Ave	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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14. 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-24-97 Daytime Phone #: 904 769-1464																																																																																																													



CR2E034 (9/96)