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FILED PROFIT Apr 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1) SAFE-LITE OPTICAL CO., INC. Principal Place of Business Mailing Address 2229 VINSON LANE P.O. BOX 48250 JACKSONVILLE FL 32207 JACKSONVILLE FL 32247 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1284177 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 □Ño 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** STOKES, RAYMOND D. Name 1450 OTOES PLACE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32259 83 84 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ TITLE Change ☐ Addition 1.1 TITLE STOKES, DEBORAH L. NAME 1.2 NAME **P2E034** 11859 ACOSTA ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition STOKES, RAYMOND D. NAME 2.2 NAME 1450 OTOES PLACE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32259 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition STOKES, GERVAISE NAME 3.2 NAME 1450 OTOES PLACE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE Addition STOKES, KAREN D NAME 4. 2 NAME 652 HUMMINGBIRD COURT STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32259 CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - 7IP I hereby certify the indicated on this a officer or director ally for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an od to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in nformation supplied with this filing does not qualif