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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 358744

1. Corporation Name
SAFE-LITE OPTICAL CO., INC.

Principal Place of Business	Mailing Address
2229 VINSON LANE JACKSONVILLE FL 32207	P.O. BOX 48250 JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1970

4. FEI Number: 59-1284177 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

STOKES, RAYMOND D.
1450 OTOES PLACE
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name: Stokes, Deborah L.
82 Street Address (P.O. Box Number Is Not Acceptable): 11859 Acosta Rd.
83:
84 City: Jacksonville FL 85 Zip Code: 32223

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: DEBORAH L. STOKES TREASURER DATE: 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STOKES, DEBORAH L.		1.2 NAME		
STREET ADDRESS	11859 ACOSTA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	UP	☒ Change ☐ Addition
NAME	STOKES, RAYMOND D.		2.2 NAME	Raymond D. Stokes	
STREET ADDRESS	1450 OTOES PLACE		2.3 STREET ADDRESS	1450 OTOES PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259		2.4 CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	VP	☐ DELETE	3.1 TITLE	President	☒ Change ☐ Addition
NAME	STOKES, GERVAISE		3.2 NAME	Stokes, Gervaise	
STREET ADDRESS	1450 OTOES PLACE		3.3 STREET ADDRESS	1450 Otoes Place	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STOKES, KAREN D		4.2 NAME		
STREET ADDRESS	652 HUMMINGBIRD COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32259		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/5/99 (904) 399 3690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)