

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

DOCUMENT # 465294

(7)

1. Corporation Name

ARNOLD OPTICIANS, INC.



Principal Place of Business

2326 BLANDING BLVD  
JACKSONVILLE FL 32210

Mailing Address

2326 BLANDING BLVD  
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified  
11/20/1974

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1560918

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYAN (LARRY L.)  
1103 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL

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 607.1506, 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 of person making this registration shall be typed or printed below.

Signature of Registered Agent shall be typed or printed below.

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME CHARLIE, ARNOLD  
STREET ADDRESS 9982 LIGHTNER LANE  
CITY- ST- ZIP JACKSONVILLE FL

☐ DELETE

TITLE PSD  
NAME CHARLIE ARNOLD  
STREET ADDRESS 9982 LIGHTNER LANE  
CITY- ST- ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

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 on this filing was 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 in this filing 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 registered agent of the corporation and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)