

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **473944** (7)

1. Corporation Name
MILLHOPPER OPTICAL, INC.



Principal Place of Business: **2521 NW 41ST ST. GAINESVILLE FL 32606**
 Mailing Address: **2521 NW 41ST ST. GAINESVILLE FL 32606**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
 2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

**RITCH, R. FRANKLIN
 912 N.E. SECOND ST.
 GAINESVILLE FL**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

3. Date Incorporated or Qualified: **04/11/1975**
 3a. Date of Last Report: **02/24/1995**
 4. FEI Number: **59-0608498**
 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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURES: Signature of the registered agent: **RITCH, R. FRANKLIN** Date: _____
 Signature of the corporation: _____ Date: _____

12. OFFICERS AND DIRECTORS
 111 NAME: **PD NEWSOM, WILLIAM A.** OFFICER
 112 SHEET ADDRESS: **2516 NW 43RD ST GAINESVILLE FL**
 113 CITY, ST, ZIP: **S** OFFICER
 114 NAME: **NEWSON, LAURIE**
 115 SHEET ADDRESS: **2516 N.W. 43RD ST. GAINESVILLE FL**
 116 CITY, ST, ZIP: **D** OFFICER
 117 NAME: **RITCH, R. FRANKLIN**
 118 SHEET ADDRESS: **912 NE SECOND ST GAINESVILLE FL**
 119 CITY, ST, ZIP: OFFICER
 120 NAME: OFFICER
 121 SHEET ADDRESS: OFFICER
 122 CITY, ST, ZIP: OFFICER
 123 NAME: OFFICER
 124 SHEET ADDRESS: OFFICER
 125 CITY, ST, ZIP: OFFICER

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 111 NAME: Change Addition
 112 NAME: Change Addition
 113 SHEET ADDRESS: Change Addition
 114 CITY, ST, ZIP: Change Addition
 115 NAME: Change Addition
 116 SHEET ADDRESS: Change Addition
 117 CITY, ST, ZIP: Change Addition
 118 NAME: Change Addition
 119 SHEET ADDRESS: Change Addition
 120 CITY, ST, ZIP: Change Addition
 121 NAME: Change Addition
 122 SHEET ADDRESS: Change Addition
 123 CITY, ST, ZIP: Change Addition

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: *Laurie Newson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 352-377-7733

CR2E034 (12/95)