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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **505745** **(0)**

1. Corporation Name
GRANT EYEGLASSES INCORPORATED

Principal Place of Business	Mailing Address
~~4125 CLEVELAND AVENUE~~ New address below ~~FT MYERS FL 33901-9021~~	~~4125 CLEVELAND AVENUE~~ ~~FT MYERS FL 33901-9021~~

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business	2a. Mailing Address
21 2246 McGregor Blvd	26 2246 McGregor Blvd
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Ft. Myers, FL	28 Ft. Myers, FL
24 Zip 33901 25 Country USA	29 Zip 33901 30 Country USA

4. FEI Number: 59-1677473 ☐ 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

9. Name and Address of Current Registered Agent

GRANT, CHARLES E
4125 CLEVELAND AVENUE
FT MYERS, FL
33901

10. Name and Address of New Registered Agent

81 Name: Grant, Charles E.
82 Street Address (P.O. Box Number is Not Acceptable): 2246 McGregor Blvd.
83
84 City: Ft. Myers, FL 85 Zip Code: 33901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRANT, CHARLES E. 4125 CLEVELAND AVE. FT. MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Grant, Charles E. ☒ Change ☐ Addition 2246 McGregor Blvd Ft. Myers, FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROOKS, PATRICIA G. 4125 CLEVELAND AVE. FT. MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Wallace, Patricia G. ☒ Change ☐ Addition 2246 McGregor Blvd. Ft. Myers, FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GRANT, MELODY C. 4125 CLEVELAND AVE. FT. MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	ST Grant, Melody C. ☒ Change ☐ Addition 2246 McGregor Blvd Ft. Myers, FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 200001848292-1 -06/03/96--01056--001 ***400.00

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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: Melody C. Grant 2-15-96 (941)334-7268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Melody C. Grant