FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **548478** **(7)**

1. Corporate Name
LEA OPTICAL, INC.

Principal Place of Business
5410 115TH AVENUE, NORTH
CLEARWATER FL 34620-1841

Mailing Address
5410 115TH AVENUE, NORTH
CLEARWATER FL 34620-1841

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/05/1977**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22
Suite, Apt. # etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **59-1771257** ☐ 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 authority to engage in business under s. 607.1502 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEA, J DAVIS
5410 115TH AVENUE NORTH
CLEARWATER, FLORIDA
34620

10. Name and Address of New Registered Agent

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 Section 607.1502, 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 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS IN 12
Title	PD	☐ Change ☐ Addition
Name	LEA, J. DAVIS	
Street Address	6320 66TH AVE N	
City-State-Zip	PINELLAS PARK FL	
Title	SD	☐ Change ☐ Addition
Name	LEA, FRANCES K.	
Street Address	6320 66TH AVE N	
City-State-Zip	PINELLAS PARK FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I DO hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I DO hereby certify that the information indicated on this 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 13 above, or on an attachment with an address.

SIGNATURE: J. DAVIS LEA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. DAVIS LEA, PRESIDENT

4/25/95 (813) 573-2020
Date Telephone Number

0370488 CP