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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 571154

(4)

DANIEL HOUGHTON, JR., O.D., P.A. Principal Place at Business Mailing Address 32 BAY DRIVE NE 32 BAY DRIVE NE FORT WALTON BEACH FL ¢5 48 FORT WALTON BEACH FL 32548-5167 3. Date Incorporated or Qualified Sa. Date of Last Report 05/01/1978 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For NOT APPLICABLE 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes No 29 30 24 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent MILLER, J JEROME J 415 MOUNTAIN DR. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE #3 83 **DESTIN FL 32541** 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE be pursue, typica or printed name of registered agent and true if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. H.F DELETE 11 TITLE ☐ Change Addition HOUGHTON, DANIEL JR NAME 1.2 NAME **CR2E034** 32 BAY DRIVE, N.E. 1.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 32548 CPY-St 76 1.4 CITY-\$1-ZIP DELETE Change Addition 2.1 TITLE THILE NAME 2.2 NAME

23 STREET ADDRESS 2. 4 CITY - ST-ZIP

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

41 TITLE

4. 2 NAME

3.4. CITY - ST - ZIP

14. Let, hereby certry that the information supplied with this filling 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 Larn an officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears, in Block 13 if charged or or an attackaged with an address.

SIGNATURE:

SBIG LADORESS

STREET ALCINESS

City - \$1 - 74

 $H_{i,F}$

NAM:

HOUSE HOUSE TON PRINTS I DON'T SIGNATURE AND TYPED OR PRINTED HAME UF SIGNING OFFICE OF DIRECTOR

DELETE

DELETE

1/4/97 904-244-1221

FILED

Apr 14 1997 8:00am

Secretary of State

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Change

Change

Addition

Addition