

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 587540 (6)**  
1. Corporation Name  
**THOMAS E. FOSTER, O.D., P.A.**

95 AUG - 3 AM 11:00

Principal Place of Business Mailing Address  
**5518 7TH ST.  
P O BOX 607  
ZEPHYRHILLS FL 33540**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Created **09/26/1978** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **59-1934906** 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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **38113 Market Sq.** 25 **38113 Market Sq.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 \_\_\_\_\_ 27 \_\_\_\_\_  
City & State City & State  
23 **Zephyrhills FL** 28 **Zephyrhills FL**  
Zip Country Zip Country  
24 **33540** 25 **Pasco** 29 **33540** 30 **Pasco**

8. Name and Address of Current Registered Agent  
**FOSTER, THOMAS E.  
5518 7TH ST.  
P.O. BOX 607  
ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent  
B1 Name **Foster, Thomas E**  
B2 Street Address (P.O. Box Number is Not Acceptable) **38113 Market Sq.**  
B3 \_\_\_\_\_  
B4 City **Zephyrhills** FL B5 Zip Code **33540**

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 signature required when nominating)

12. OFFICERS AND DIRECTORS

TITLE	PSV
NAME	FOSTER, THOMAS E. OD.
STREET ADDRESS	5518 7TH STREET
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	TD
NAME	FOSTER, THOMAS E. O.D.
STREET ADDRESS	5518 7TH STREET
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PSV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Thomas E. Foster O.D.
1 3 STREET ADDRESS	38113 Market Sq.
1 4 CITY - ST - ZIP	Zephyrhills FL 33540
2 1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Thomas E. Foster O.D.
2 3 STREET ADDRESS	38113 Market Sq.
2 4 CITY - ST - ZIP	Zephyrhills FL 33540
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

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 110.07(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 addition.

SIGNATURE: Thomas E. Foster Thomas E. Foster od 7-31-95 918-782-5587  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (District Office #)

CR2E034 (3/95)