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

FILED
95 JAN 27 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **602122** **(4)**

1. Corporation Name
MCCLANE & STUBITS, O.D., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6 S 14TH ST PO BOX 478 FERN BCH FL 32034	6 S 14TH ST PO BOX 478 FERN BCH FL 32034

3. Date Incorporated or Qualified: **05/28/1970**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip **32035** (29) Country (30)

4. FEI Number: **59-1298160** ☐ 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

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☑ Addition
NAME	MCCLANE, JOHN W III	1.2 NAME	
STREET ADDRESS	4674 GENOA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERN. BEACH FL	1.4 CITY-ST-ZIP	32034
TITLE	SD	2.1 TITLE	☐ Change ☑ Addition
NAME	STUBITS, STEPHEN D.	2.2 NAME	
STREET ADDRESS	1856 HIGHLAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERN. BEACH FL	2.4 CITY-ST-ZIP	32034
TITLE	TD	3.1 TITLE	☑ Change ☐ Addition
NAME	STUBITS, ANTHONY L	3.2 NAME	
STREET ADDRESS	3600 VIA DEL MAR RD	3.3 STREET ADDRESS	4044 Captain's Way
CITY-ST-ZIP	FERN. BEACH FL	3.4 CITY-ST-ZIP	Fernandina Beach FL 32034
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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 changed, or on an attachment with an address.

SIGNATURE: _____ John W. McClane, III, O.D. 1-23-95 904/261-5741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003888 CP