

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604958 (9)

1. Corporation Name

EDWARD L. BUDD O.D., DR. OF OPTOMETRY, PA

Principal Place of Business

C/O EDWARD L. BUDD, O.D.
377 N. KROME AVE
HOMESTEAD FL 33030
US

Mailing Address

C/O EDWARD L. BUDD, O.D.
377 N. KROME AVE
HOMESTEAD FL 33030
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1974

3a. Date of Last Report

03/29/1994

4. FEI Number

59-1508785

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUDD, EDWARD L.
377 NORTH KROME AVENUE
HOMESTEAD FL 33030

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

Signature typed or printed name of registered agent and filed if applicable

NOTE: Registered Agent signature required when mandating

DATE

4/14/95

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PO
BUDD, EDWARD L.
377 N. KROME AVE.
HOMESTEAD FL

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY ST ZIP

☐ Change ☐ Addition

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY ST ZIP

D
BUDD, MIMI
377 N. KROME AVE.
HOMESTEAD FL

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY ST ZIP

☐ Change ☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY ST ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY ST ZIP

☐ Change ☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY ST ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY ST ZIP

☐ Change ☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY ST ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY ST ZIP

☐ Change ☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY ST ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY ST ZIP

☐ Change ☐ Addition

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 included 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD L. BUDD, O.D.

4/14/95 305 2473227