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APPROVED AND FILED

95 JUN 13 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **647795** (4)

1. Corporation Name
TITUSVILLE VISION CENTER, INC.

Principal Place of Business Mailing Address
1405 S. WASHINGTON AVENUE **1405 S. WASHINGTON AVENUE**
TITUSVILLE FL 32780 **TITUSVILLE FL 32780**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/11/1979** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-1994529** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
AKER, CARROLL GREGORY
1401 S WASHINGTON AVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81 Name **C. Gregory Aker**
82 Street Address (P.O. Box Number is Not Acceptable) **1401 S. Washington Ave.**
83
84 City **Titusville** FL 85 Zip Code **32780**

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 C. Gregory Aker DATE **5/31/95**

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	EBERHART, MEREDITH J
STREET ADDRESS	2749 HILLCREST AVE
CITY - ST - ZIP	TITUSVILLE, FL 00000
TITLE	S
NAME	OWENS, JOHN B
STREET ADDRESS	4131 HICKORY HILL BLVD
CITY - ST - ZIP	TITUSVILLE, FL 00000
TITLE	PTD
NAME	AKER, CARROLL GREG
STREET ADDRESS	1455 ECHO CIRCLE
CITY - ST - ZIP	TITUSVILLE FL
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C. G. Aker	
1.3 STREET ADDRESS	1405 S. Washington Ave	
1.4 CITY - ST - ZIP	Titusville, FL 32780	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C. G. Aker	
2.3 STREET ADDRESS	1405 S. Washington Ave	
2.4 CITY - ST - ZIP	Titusville, FL 32780	
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 address.

SIGNATURE: C. Gregory Aker DATE **5/31/95** CHAPTER FILE # **407-269-3752**