

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -4 PH 7: 20**

**DOCUMENT # 673217 (6)**

1. Corporation Name  
**WOODSIDE OPTICIANS, INC.**

Principal Place of Business

**9743 U.S. HWY 19  
PORT RICHEY FL 34668**

Mailing Address

**9743 U.S. HWY 19  
PORT RICHEY FL 34668**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/12/1980</b>                                                                                                         | 3a. Date of Last Report<br><b>04/15/1994</b> |
| 4. FEI Number<br><b>59-2026776</b>                                                                                                                             | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. Zip                 |
| 24. Country                    | 29. Country             |

**9. Name and Address of Current Registered Agent**

**HINTON, MARK B  
1893 CASTLE DR  
PALM HARBOR FL 34683**

**10. Name and Address of New Registered Agent**

|                                                                                  |
|----------------------------------------------------------------------------------|
| 81. Name                                                                         |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>374 N. CAROLINA</b> |
| 83. City                                                                         |
| 84. State<br><b>FL</b>                                                           |
| 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 title if applicable.

(NOTE: Registered Agent signature required when cancelling)

DATE

| 12. OFFICERS AND DIRECTORS                   |                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                     |                                                    |
|----------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------|
| TITLE<br><b>PTD</b>                          | NAME<br><b>HINTON, MARK B.</b>           | 1.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME<br><b>374 N. CAROLINA</b>                 |
| STREET ADDRESS<br><b>1893 CASTLE DR.</b>     | CITY - ST - ZIP<br><b>PALM HARBOR FL</b> | 2.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME<br><b>374 N. CAROLINA</b>                 |
| TITLE<br><b>S</b>                            | NAME<br><b>HINTON, MARK B</b>            | 3.1 TITLE<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 3.2 NAME<br><b>Myra Hinton</b>                     |
| STREET ADDRESS<br><b>1893 CASTLE DR</b>      | CITY - ST - ZIP<br><b>PALM HARBOR FL</b> | 3.3 STREET ADDRESS<br><b>374 N. Carolina Ave</b>                                          | 3.4 CITY - ST - ZIP<br><b>Palm Harbor FL 34683</b> |
| TITLE<br><b>Myra Hinton</b>                  | NAME<br><b>Myra Hinton</b>               | 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            | 4.2 NAME                                           |
| STREET ADDRESS<br><b>374 N. Carolina Ave</b> | CITY - ST - ZIP<br><b>Palm Harbor FL</b> | 4.3 STREET ADDRESS                                                                        | 4.4 CITY - ST - ZIP                                |
| TITLE                                        | NAME                                     | 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            | 5.2 NAME                                           |
| STREET ADDRESS                               | CITY - ST - ZIP                          | 5.3 STREET ADDRESS                                                                        | 5.4 CITY - ST - ZIP                                |
| TITLE                                        | NAME                                     | 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            | 6.2 NAME                                           |
| STREET ADDRESS                               | CITY - ST - ZIP                          | 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 119.07(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:**

*Myra Hinton*  
Myra Hinton

Date

*4/1/95 (813) 849 8080*

Signature (Name)