FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705234 (3)

1. Corporation Name
HILLSBOROUGH VISION CARE FOUNDATION,INC.

Principal Place of Business	Mailing Address
1945 W MARTIN LUTHER KING BLVD TAMPA FL 33607	1945 W MARTIN LUTHER KING BLVD TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1963
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-0971695 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAY,WALLACE 1945 W. MARTIN LUTHER KING BLVD TAMPA FL 33607	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 fee 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	SUDBURY, GLENN R	1.2 NAME	
STREET ADDRESS	4814 N HABANA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HELSING, DAVID	2.2 NAME	
STREET ADDRESS	3818 BRITTON PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	GRES, STEPHEN	3.2 NAME	Walesby, Robert, Jr.
STREET ADDRESS	3413 W KENNEDY	3.3 STREET ADDRESS	7110 N. Nebraska Ave.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33604
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, HAY	4.2 NAME	
STREET ADDRESS	1945 W BUFFALO	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WALESBY, JACK	5.2 NAME	
STREET ADDRESS	7110 N NEBRASKA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WITTNER, HARVEY	6.2 NAME	
STREET ADDRESS	4221 N HIMES	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wallace Hay STD *Wallace Hay* 4/25/95 813-876-8491
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

6943784