SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE MAY 1: $150 (IF PAID LATE, ADDITIONAL AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715436 (2)

1. Corporation Name
HILLSBOROUGH SOCIETY OF OPTOMETRISTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
311-A NOLAND DRIVE BRANDON FL 33511	311-A NOLAND DRIVE BRANDON FL 33511

3. Date Incorporated or Qualified: 10/17/1968
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2354654 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 4221 N. Himes Avenue	26 2a. Mailing Address: 4221 N. Himes Avenue
22 (Suite) Apt. #, etc.: 101	27 Suite, Apt. #, etc.: Suite 101
23 City & State: Tampa FL	28 City & State: Tampa FL
24 Zip: 33607 25 Country: USA	29 Zip: 33607 30 Country: USA

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 ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIEBOLDT, KENT
311-A NOLAND DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: Boggess, Eve
82 Street Address (P.O. Box Number is Not Acceptable): 4221 N. Himes Avenue
83 Suite 101
84 City: Tampa FL 85 Zip Code: 33607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Eve A Boggess PD president — DATE: July 1, 1995
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	TD	1.1 TITLE	P/D	☐ Change ☐ Addition
NAME	WINTER, MARK	1.2 NAME	Eve Boggess	
STREET ADDRESS	205 S. TAMIAMI TRAIL	1.3 STREET ADDRESS	4221 N. Himes Avenue	
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	Tampa FL 33607	
TITLE	TD	2.1 TITLE	V/D	☐ Change ☐ Addition
NAME	ALONZO, RAY	2.2 NAME	Ray Alonzo	
STREET ADDRESS	3903 BLUE MAIDENCANE	2.3 STREET ADDRESS	3903 Quermaidencane	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	Valrico FL 33594	
TITLE	D	3.1 TITLE	S/D	☐ Change ☐ Addition
NAME	SIEBOLDT, KENT	3.2 NAME	Sal Musumeci	
STREET ADDRESS	311-A NOLAND DR.	3.3 STREET ADDRESS	3115 Swann Avenue	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	Tampa FL 33609	
TITLE	D	4.1 TITLE	T/D	☐ Change ☐ Addition
NAME	BOGGESS, EVE	4.2 NAME	Demis Alvarez	
STREET ADDRESS	201-I S. ARRAWANA AVE.	4.3 STREET ADDRESS	3333 W. Waters Avenue	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa FL 33614	
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		

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eve A Boggess PD — Eve A. Boggess — 7-1-95 — (813) 876-6085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013276