## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

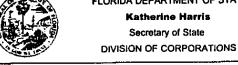


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

2000 DOCUMENT # **F86929** 



## **FILED** May 31, 2000 8:00 am Secretary of State 05-31-2000 90073 021 \*\*\*150.00

JAN'S C	OPTICAL SHOP, INC.		V				
Principal Plac	ce of Business	Mailing Address					
597 S E HIGHWAY 19 597 S E HIGHWA					Ì		
CRYSTAL RIVE	H FL 34429	US	Crystal river fl 34429 US		DO NOT WRITE IN T	HIS SPACE	
					3. Date incorporated or Qualifed	•	
					06/25/1982		Carl Car
<b>⊢</b> ·	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number	<b>⊢</b>	pplied For lot Applicable
21			Suite, Apt. #, etc.		59-2205756		Additional
Suite, Apt.	. #, etc.	27		5. Certificate of Status Desired	* *	tequired	
City & Stat		City & State		6. Election Campaign Financing	\$5.00	) May Be	
23		28	]		Trust Fund Contribution	Added	to Fees
Zip			Country		8. This corporation owes the current year		
24	25	293	0		Personal Property Tax.	☐ Yes	MNo
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
I ED	COME INNET		81	(Aquie			
LEDSOME, JANET 597 SE HIGHWAY 19			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	STAL RIVER FL		83			<del></del>	<del></del>
0111	OTAL TOTAL TO		0.5	·			
			84	City		85 Zip	Code
11 Pursuppt	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the above	e-named corp	oration submits this statement for the purpos	of changing it	s registered
office or r	registered agent, or both, in the Stat	te of Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accept the ar	pointment as re	egistered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Florid	ia Statutes	•			
SIGNATURE	Signature, typed or printed name of registered a	oent and tale if applicable. (NOTE: R	enstered Ager	n signature require	d when reinstating) DATE	:	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	PT	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	LEDSOME, JANET		1.2 NAME				
STREET ADDRESS	115161 SE 200 CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	INGUS FL	·,, ., ., ., ., ., ., ., ., ., ., ., ., .	1.4 CITY-ST-ZIP				C) Addison
TITLE	S	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME -	LEDSOME, OTTO	-	22 NAME		<u> </u>		
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	INGLIS FL	DELETE	2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE			3.1 TITLE 32 NAME				; –
NAME		•	3.2 NAME 3.3 STREET ADDRESS				I
STREET ADORESS		3.4.CITY-5		l l			
CITY-ST-ZIP TITLE			4.1 TITLE	19 1 <u>6-11</u>		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	}			ı
STREET ADDRESS	TREET ADDRESS		5.3 STREET	ADDRESS	,		
CITY-ST-ZIP	·		5.4 CITY-S	t-zip			<b>-</b>
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME	,		6.2 NAME				
STREET ADDRESS			6.3 STREET	İ			
			64 CITY-ST				

14. I hereby certify that the information supplied with this filing 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Sedaome

Janet Ledsome 4/28/00

352-795-7225