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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006597

Corporation CONSOL	IDATED EYE CARE, INC.	000007					
Principal Place	of Business	Mailing Address			f 1001100 ting 18141 (non dalit gutin gånt g	Tist masin films Alsin i)
112 ZEBULON CT. ROCKY MOUNT NC 27804 112 ZEBULON CT. ROCKY MOUNT NC 27804			27804		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/15/1997		
2. Principal Pl	lace of Business	2a. Mailing Addres	ss		4. FEI Number	Apr	olied For
21		26			56-1674129		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.		5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Rec	`
City & State	е	City & State			6. Election Campaign Financing	\$5.00 t Added to	
23		28		ountry.	Trust Fund Contribution		rees
Zip	Country	Zip		ountry	8. This corporation owes the current yea		□No
24	9. Name and Address of Currer	29	30		Personal Property Tax. 10. Name and Address of New Register		
	5. Name and Address of Currer	it Registered Agent		81 Name	· Haine and year-	<u></u>	
MAN	G, DOUGLAS A						
660 E. JEFFERSON ST.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32302				83			
				84 City	į	■	ode
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.05	ous, Florida S	latutes.	rporation submits this statement for the purposition's board of directors. I hereby accept the appropriate when ministrippy.		egistered istered
12.	Signature, typed or printed name of registered age	nt and title if applicable. ND DIRECTORS		red Agent signature requi	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD OFFICERS AI	DEI		1 TITLE		☐ Change	☐ Addition
NAME	BARKER, ALLAN L			2 NAME			
STREET ADDRESS	500 WILDWOOD AVE			3 STREET ADDRESS			
	ROCKY MOUNT NC 27804			4 CITY-ST-ZIP			
TITLE	S	☐ DEI		1 TITLE		☐ Change	☐ Addition
NAME	HARROLD, DENNIS B	_		2 NAME			
STREET ADDRESS	129 STEEPLECHASE RD.			3 STREET ADDRESS	. ,	_	
CITY-ST-ZIP	ROCKY MOUNT NC 27804			4 CITY-ST-ZIP			
TITLE	STD	☐ DEI		1 TITLE		Change	Addition
NAME	MATKOVICH, ROBERT G		3.	2 NAME			
STREET ADDRESS	3908 KETCH POINT DR.		3.	3 STREET ADDRESS			
CITY-ST-ZIP	ROCKY MOUNT NC 27804		3.	4. CITY-ST-ZIP			
TITLE		☐ DEI	LETE 4.	1 TITLE		☐ Change	☐ Addition
NAME			4.	2 NAME			
STREET ADDRESS			4.	3 STREET ADDRESS			
CITY-ST-ZIP			4.	4 CITY-ST-ZIP			
TITLE	1.1181-11-11-11	☐ DEI	LETE 5.	1 TITLE ·		☐ Change	☐ Addition
NAME			5.	2 NAME			
STREET ADDRESS			5.	3 STREET ADDRESS			
CITY-ST-ZIP			5.	4 CITY+ST-ZIP		.	
TITLE	A STATE A RIGIS	□ DEI	LETE 6.	1 TITLE		☐ Change	☐ Addition

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 troepand accurage 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 of the pecewer of 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 alternative and does not qualify an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(252) 93<u>7-6650</u>

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90084 015 ***150.00