

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1988.
AMOUNT DUE ON OR BEFORE 8/9/88: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 9:11

DOCUMENT # G00595

(0)

1. Corporation Name

XOPT, INC.

Principal Place of Business

2426 N.W. 26TH PLACE
% CHARLES F. HOOPER
GAINESVILLE FL 32605

Mailing Address

2426 N.W. 26TH PLACE
% CHARLES F. HOOPER
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1982

3a. Date of Last Report

08/10/1994

2. Principal Place of Business

21 6910 NW 52 Lane

2a. Mailing Address

26 6910 NW 52 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Gainesville, FL

27 City & State

28 Gainesville, FL

Zip

24 32653

Country

25 USA

Zip

29 32653

Country

30 USA

4. FEI Number

59-2242345

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HOOPER, CHARLES F.
2426 N.W. 26TH PLACE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

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

Signature (typed or printed name of registered agent and date of registration)

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HOOPER, CHARLES F
STREET ADDRESS 2426 NE 26TH PLACE
CITY ST ZIP GAINESVILLE, FL 00000

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 110.07(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 liquidator 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 as an attachment with the address.

SIGNATURE:

Charles F. Hooper, Jr.

7/11/95

904-392-8787