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

OCUMENT # G35192

Corporation Name

KEIBER OPTICAL SHOPPE, INC.

Principal Place of Business Mailing Address 3601 SO HIGHLANDS AVENUE 3601 SO HIGHLANDS AVENUE SEBRING FL 33870 SEBRING FL 33870 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/21/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2290647 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc., \$8.75 Additional 5. Certificate of Status Desired-Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes the current year Intangible □No 24 29 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KEIBER, H. FREDERICK, M.D. Street Address (P.O. Box Number is Not Acceptable) 2529 NE LAKEVIEW DR. SEBRING FL 33870 83 41. 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 title if applicable (NOTE: Registered Agent signature required when reinstating): 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ DELETE Addition 1.1 TITLE ☐ Change TITLE KEIBER, H. FREDERICK, MD 1.2 NAME NAME 2529 NE LAKEVIEW DR. 1.3 STREET ADDRESS STREET ADDRESS **SEBRING FL** 1.4 CITY-ST-ZIP CITY ST-ZIP DELETE ☐ Addition 2.1 TITLE TITLE KEIBER, SHARON G. NAME 22 NAME 2529 NE LAKEVIEW DR. STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TIT E DELETE Addition Change 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE 4 2 NAMÉ NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY- ST- ZIP

61TITLE

6.2 NAME 6.3 STREET ADDRESS

IGNATURE

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

AFORE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

7/15/19 94/3857749

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90006 011 ***150.00

CR2E034 (11/98)

☐ Addition