PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H39900**

1. Corporation Name

OPTICAL CONSULTANTS, INC.

•							
Principal Place of Business Mailing Address							
4399 35 ST N 4399 35 ST N							
P O BOX 84000			P O BOX 84000				DO NOT WRITE IN THIS SPACE
ST. PETERSBURG FL 33784			ST. PETERSBURG FL 33784				3. Date Incorporated or Qualifed
							01/28/1985
			NA-115- A JJ				4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				"
21			26				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired
22			City & State				
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23			Zip Country				
Zip	Country		, '		ariu y		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	29	44 44	30			Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
•	9. Name and Address of Curr	ant Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent
PAYN	JE JOHN				"	Name	
PAYNE, JOHN					82	Street Add	ddress (P.O. Box Number is Not Acceptable)
4399 35TH STREET NORTH St. Petersburg FL 33714							
31. r	EIENSBUNG FL 33/14				83		
				•	84	City	85 Zip Code
					•-	0.0,	FL 55 1 50 50 50 50 50 50
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 8	gent and title	if applicable. (NOT	E: Registered	d Agei	nt signature requi	uired when reinstating) DATE
12.	OFFICERS (13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 T	TLE		, Change Addition
NAME:	PAYNE, JOHN			1.2 N	AME		
STREET ADDRESS	68 DOLPHIN DRIVE			1.3 S	TREE	T ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL					ST-ZiP	
TITLE	VS		☐ DELETE	2.1 T		,,,-,,,,	☐ Change ☐ Addition
,	DUGGY, CHARLES J.			2.2 N			
NAME	13380 86 AVE N					T ADDRESS	·
STREET ADDRESS	SEMINOLE FL						
CITY-ST-ZIP			☐ DELETE			ST-ZIP	Change Addition
TITLE	TD STANKIEMICZ CV		اعتان ال	3.1 T		1	,
NAME	STANKIEWICZ, CY			3.2 N			
STREET ADDRESS	3804 46TH AVE S.			- 1		TADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL					ST-ZIP	☐ Change ☐ Addition
TITLE			□ DELETE	4.1 T			☐ Change ☐ Addition ☐
NAME				4.21	IAME		
STREET ADDRESS				4.3 S	TREE	TADDRESS	
CITY-ST-ZIP				4.4 C	ITY-S	ST-ZIP	
TITLE			☐ DELETE	5.1 T			Change Addition
NAME				5.2 N	AME		
STREET ADDRESS				5.3 S	TREE	T ADDRESS	
CITY-ST-ZIP	î ,			5.4 C	ITY-S	ST-ZIP	
TITLE			☐ DELETE	6.1 T	TLE		☐ Change ☐ Addition
NAME				6.2 N	AME		
STREET ADDRESS	•			6.3 S	TREE	T ADDRESS	

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 actual 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 reserve 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 or application of the corporation or the reserve of the corporation or the reserve of the corporation of the corporation or the reserve of the corporation of the corporation or the reserve of the corporation of the cor

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C!TY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

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