

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 5-195	FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

55 MAY -1 AM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	H45451	(2)
1. Corporation Name EYE DESIGN, INC.		

Principal Place of Business % GEORGE B. STEWART 1410 E.FLETCHER AVE. TAMPA FL 33612	Mailing Address % GEORGE B. STEWART 1410 E.FLETCHER AVE. TAMPA FL 33612
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 02/26/1985	3a. Date of Last Report 04/28/1994
4. FET Number 59-2504916	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. 1981(3)(2), Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent DOUST, SHEILA 4507 FOX HUNT DR TAMPA FL 33624	
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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 607.05(2) 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 this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.05(2) and 607.1508, Florida Statutes.

SIGNATURE: *Sheila Doust* *Sheila Doust* 4-11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, GEORGE B.	1.2 NAME	
STREET ADDRESS	4507 FOX HUNT DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	
2. TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	DOUST, SHEILA	2.2 NAME	
STREET ADDRESS	4507 FOX HUNT DR	2.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	2.4 CITY, ST, ZIP	
3. TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4. TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5. TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6. TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2)(b), 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 of a change of an attachment with an address.

SIGNATURE: *Sheila Doust* *Sheila Doust* 4-11-95 813-977-4801