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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H71218

EVA KAREN BOSWELL, OPTOMETRIST, O.D., PROFESSION AL ASSOCIATION

Principal Place of Business Mailing Address 625 W. UNION STREET 625 W. UNION STREET SUITE B SUITE B JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 3a. Date of Last Report 08/13/1985 04/28/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2569525 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Oity & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes ☑ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALKER, WILLIE J. Street Address (P.O. Box Number is Not Acceptable) **400 EAST MONROE STREET** В3 JACKSONVILLE FL 32202 84 City 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 bound of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature it recover printed has been required about a state of a contract of the OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THLE 1 1 TITLE Change Addition NAME BOSWELL, E. KAREN 12 NAME 625 W. UNION STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 14 CITY - ST. ZIP Table DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIF 24 CHY ST-ZIP TITLE DELETE 3 1 TIT, F ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY S1 ZP TITLE DELETE 4 1 TIPLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City St. Zift [] DELETE TITLE 5 1 I ILE ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - \$1 - 218 TITLE DELETE € 1 Tift! Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 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 reserver or Lustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

64 CITY ST-ZIF

SIGNATURE:

City-St-76

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-94 (904) 358-3335

CR2E034 (12/95)