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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12304 (8)

1. Corporation Name
ALTAMONTE MALL HEARING AID CENTER, INC.

Principal Place of Business	Mailing Address
17521 DEER ISLE CIRCLE P O BOX 370 KILLARNEY FL 34740	17521 DEER ISLE CIRCLE P O BOX 370 KILLARNEY FL 34740

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1986
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2662426 ☐ 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. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LYONS, ERNEST T.
17521 DEER ISLE CR.
P.O. BOX 370
KILLARNEY FL 34740

10. Name and Address of New Registered Agent

81 Name: Thomas W. Lyons
82 Street Address (P.O. Box Number is Not Acceptable): 421 Aggay Ridge Ct
83
84 City: Oloee FL 85 Zip Code: 34761

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: Thomas W. Lyons — 1-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, ERNEST T.	1.2 NAME	
STREET ADDRESS	17521 DEER ISLE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KILLARNEY FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	S. T. VP ☒ Change ☐ Addition
NAME	LYONS, ERNEST T.	2.2 NAME	Thomas W. Lyons
STREET ADDRESS	17521 DEER ISLE CIRCLE	2.3 STREET ADDRESS	421 Aggay Ridge Ct
CITY-ST-ZIP	KILLARNEY FL	2.4 CITY-ST-ZIP	Oloee, FL 34761
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernest T. Lyons — 1-17-95 — 407-862-5573
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0462113 FP