

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

95 JUL -5 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Candra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J31778 (0)**

1. Corporation Name  
**SARASOTA OPTICAL CENTER, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2033 MAIN STREET, SUITE #600  
P.O. DRAWER 4195  
SARASOTA FL 34237**

Mailing Address: **2033 MAIN STREET, SUITE #800  
P.O. DRAWER 4195  
SARASOTA FL 34237**

3. Date Incorporated or Qualified: **09/04/1986**      3a. Date of Last Report: **03/04/1994**

4. FEI Number: **59-2716255**      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. 196.032 Florida Statutes:  Yes  No

2. Principal Place of Business: [21]      2a. Mailing Address: [26]

[22] State, Apt #, etc      [27] State, Apt #, etc

[23] City & State      [28] City & State

[24] Zip      [25] Country      [29] Zip      [30] Country

9. Name and Address of Current Registered Agent

**PFLUGNER, J. GEOFFREY  
2033 MAIN STREET, SUITE #600  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

[81] Name

[82] Street Address (P.O. Box Number is Not Acceptable)

[83]

[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 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 of registered agent or the filer)      DATE: \_\_\_\_\_ (Date Registered Agent begins to exercise authority)      (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>
NAME	<b>KELSEY, WILLIAM J</b>
STREET ADDRESS	<b>1219 EAST AVENUE, SOUTH</b>
CITY, ST, ZIP	<b>SARASOTA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

[14] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[15] NAME	
[16] STREET ADDRESS	
[17] CITY, ST, ZIP	
[18] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[19] NAME	
[20] STREET ADDRESS	
[21] CITY, ST, ZIP	
[22] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[23] NAME	
[24] STREET ADDRESS	
[25] CITY, ST, ZIP	
[26] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[27] NAME	
[28] STREET ADDRESS	
[29] CITY, ST, ZIP	
[30] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[31] NAME	
[32] STREET ADDRESS	
[33] CITY, ST, ZIP	

14. I, the undersigned, 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)(g), 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 use of 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: *William J Kelsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

62595 4177417379

CR2E034 (3/95)