FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **J75148** **(3)**

1. Corporation Name
HUNTER, ANDERSON, WETHERELL & VALADIE, P.A. -EYE PRIORITY

Principal Place of Business	Mailing Address
11210 N DALE MABRY **TAMPA FL 33618**	**11210 N DALE MABRY** **TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/29/1987**

4. FEI Number: **NOT APPLICABLE** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 719 W. FLETCHER AVE	26 719 W FLETCHER AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33612 Country 25 HILLS.	Zip 29 33612 Country 30 HILLS.

9. Name and Address of Current Registered Agent

ANDERSON, BRUCE W.
~~11210 N. DALE MABRY~~
~~TMPA FL 33618~~

10. Name and Address of New Registered Agent

81 Name (SAME) BRUCE W. ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable) 719 W. FLETCHER AVE
83
84 City TAMPA FL 85 Zip Code 33612

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] BRUCE W. ANDERSON 4/6/98
(Signature of new registered agent, if changed, and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ANDERSON, BRUCE W.		1.2 NAME		
STREET ADDRESS	11210 N DALE MABRY		1.3 STREET ADDRESS	719 WEST FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL. 33612	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WETHERELL, O.D.		2.2 NAME		
STREET ADDRESS	7541 W. HILLSBOROUGH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VALADIE, A.L.		3.2 NAME		
STREET ADDRESS	5208 E. FOWLER AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 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, added or deleted.

SIGNATURE [signature] 4/6/98 941-2220