

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90085 040 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J88004

1. Corporation Name

LENS AND RIMS VISION CENTERS, INC.

Principal Place of Business

4582 - 28TH STREET NORTH
ST. PETERSBURG FL 33714

Mailing Address

4582 - 28TH STREET NORTH
ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/12/1987

4. FEI Number

59-2840107

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

X No

2. Principal Place of Business

21 1115-A 62ND AVENUE No.

Suite, Apt. #, etc.

22 ST. PETERSBURG, FL.

City & State

23 ST. PETERSBURG, FL.

Zip

24 33702

Country

25 PINELANDS

2a. Mailing Address

26 1115-A 62ND AVENUE No.

Suite, Apt. #, etc.

27 ST. PETERSBURG, FL.

City & State

28 ST. PETERSBURG, FL.

Zip

29 33702

Country

30 PINELANDS

9. Name and Address of Current Registered Agent

PERKINSON, V. LEE
4582 28TH STREET NORTH
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name

SAME

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

1115-A 62ND AVENUE No.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33702

11. Pursuant to the provisions of Sections 607.0501 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME PERKINSON, V. LEE
STREET ADDRESS 4582 28TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714

☐ DELETE

TITLE T
NAME PERKINSON, JANE D
STREET ADDRESS 4582 28TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714

☐ DELETE

TITLE VPDS
NAME PERKINSON, JANE D
STREET ADDRESS 4582 28TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☐ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS 1115-A 62ND AVENUE No.

1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

2.1 TITLE SAME ☐ Change ☐ Addition

2.2 NAME SAME

2.3 STREET ADDRESS 1115-A 62ND AVENUE No.

2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

3.1 TITLE SAME ☐ Change ☐ Addition

3.2 NAME SAME

3.3 STREET ADDRESS 1115-A 62ND AVENUE No.

3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

4.1 TITLE VPD ☐ Change ☒ Addition

4.2 NAME V. LEE PERKINSON III

4.3 STREET ADDRESS 1115-A 62ND AVENUE No.

4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

(727) 522-7467

Daytime Phone #

CR2E034 (11/98)

0411231