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FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K95326

(0)

1. Corporation Name

EYEWEAR EXPRESS, INC.



Principal Place of Business

C/O CHARLES E. CLEVINGER
8333 NORTH DAVIS HWY.
PENSACOLA FL 32514-6049

Mailing Address

C/O CHARLES E. CLEVINGER
8333 NORTH DAVIS HWY.
PENSACOLA FL 32514-6048

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/14/1989

3a. Date of Last Report

03/04/1996

4. FEI Number

59-2963367

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

CLEVINGER, CHARLES E.
C/O MEDICAL CENTER CLINIC
8333 NORTH DAVIS HWY.
PENSACOLA FL 32514-6049

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Charles E. Cleverger
Signature of typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

3-18-97

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|-----------------------|--------------------|--------------|---------------------------------|
| DP | CLEVINGER, CHARLES E. | 8333 N. DAVIS HWY. | PENSACOLA FL | |
| D | REDMOND, MICHAEL | 8333 N. DAVIS HWY. | PENSACOLA FL | |
| D | ULLMAN, SAUL | 8333 N. DAVIS HWY. | PENSACOLA FL | |
| D | BRAYTON, JOHN R., JR. | 8333 N. DAVIS HWY. | PENSACOLA FL | |
| D | ALDRED, W. VAN | 8333 N. DAVIS HWY. | PENSACOLA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------|---------|-------------------|----------------|---------------------------------|-----------------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

14. I do 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, or on an attachment with an address.

SIGNATURE:

Charles E. Cleverger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Date

Daytime Phone #

CR2E034 (9/96)