

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90047 019 ****61.25

DOCUMENT # N98000005057

1. Entity Name
LAKELAND VISION, INC.



Principal Place of Business
**500 S FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801**

Mailing Address
**500 S FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801**

40019832



2. Principal Place of Business - No P.O. Box #
228 S. Massachusetts Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1076
Suite, Apt. #, etc.

01302007 Chg-NP CR2E037 (12/06)

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-3531304

Applied For
Not Applicable

Zip
33801
Country
USA

Zip
33802-1076
Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, RONALD L ESQ.
500 S FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801**

7. Name and Address of New Registered Agent

Name
Touchton, David M
Street Address (P.O. Box Number is Not Acceptable)
811 E. Main Street

City
Lakeland **FL** Zip Code
33801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CLARK, RONALD L
500 S FLORIDA AVENUE STE 800
LAKELAND, FL 33801** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
WIGGS, R H
4406 SOUTH FLORIDA AVENUE #17
LAKELAND, FL 33813** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FIELDS, GOW B
229 NORTH FLORIDA AVENUE
LAKELAND, FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
TOUCHTON, DAVID M
811 EAST MAIN STREET
LAKELAND, FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
Touchton, David M
811 East Main Street
Lakeland, FL 33801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Pat Steed
P.O. Box 2089
Bartow, FL 33830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

David M. Touchton, C.D. **863-683-6783**
Date Daytime Phone #