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CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19737 (6)

1. Corporation Name
ROBERTSON OPTICAL LABORATORIES, INC. OF ORLANDO

Principal Place of Business	Mailing Address
3210 CONNIE DR. ORLANDO FL 32803 US	1860 MONTREAL ROAD TUCKER GA 30084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1988	3a. Date of Last Report: 02/15/1994
4. FEI Number: 62-0721101	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2506A South Taylor Ave.	26 P.O. Box 4121
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, Floriga	28 City & State: Atlanta, Georgia
24 Zip: 32806 25 Country: U.S.A.	29 Zip: 30302 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

PARKER, WILLIAM S.
3210 CORRINE DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Rory Nash
82 Street Address (P.O. Box Number is Not Acceptable): 2506A South Taylor Ave.
83
84 City: Orlando FL 85 Zip Code: 32806

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: Rory Nash Rory Nash
Signature of new registered agent (NOTE: Registered agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, CALVIN W.	12 NAME	
STREET ADDRESS	1860 MONTREAL RD.	13 STREET ADDRESS	
CITY ST ZIP	TUCKER GA	14 CITY ST ZIP	
TITLE	VD	21 TITLE	STD ☒ Change ☐ Addition
NAME	PARKER, WILLIAM S.	22 NAME	BOWLING, KELLY
STREET ADDRESS	3210 CORRINE DRIVE	23 STREET ADDRESS	1860 MONTREAL RD.
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	TUCKER, GA.
TITLE	STD	31 TITLE	VD ☒ Change ☐ Addition
NAME	ROBERTSON, RICHARD L.	32 NAME	ROBERTSON, RICHARD L.
STREET ADDRESS	1860 MONTREAL RD.	33 STREET ADDRESS	1860 MONTREAL RD.
CITY ST ZIP	TUCKER GA	34 CITY ST ZIP	TUCKER, GA.
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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)(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.

SIGNATURE: Kelley Bowling 7/17/95 (404) 934-5893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300350 FP