SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29556** **(8)**

1. Corporation Name
SUNLAND OPTICAL COMPANY, INC.

Principal Place of Business	Mailing Address
1156 BARRANCA EL PASO TX 79935	1156 BARRANCA EL PASO TX 79935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/29/1990	03/16/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **74-1667047** ☐ 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	10. Name and Address of New Registered Agent
ABBOTT, ALAN BLDG. 950 TYNDALL AFB FL 32403	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	CONTROLLER	☐ Change ☒ Addition
NAME	ABBOTT, ALAN	12 NAME	SCOT W. MCKINNEY	
STREET ADDRESS	10912 DON JANUARY	13 STREET ADDRESS	4117 River Bend Dr.	
CITY-ST-ZIP	EL PASO TX	14 CITY-ST-ZIP	EL PASO, TX 79922	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ALSTON, JAMES	22 NAME		
STREET ADDRESS	9942 BELFAST	23 STREET ADDRESS		
CITY-ST-ZIP	EL PASO TX	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	ABBOTT, ELIZABETH	32 NAME		
STREET ADDRESS	10912 DON JANUARY	33 STREET ADDRESS		
CITY ST ZIP	EL PASO TX	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, JOHANNA	42 NAME		
STREET ADDRESS	9013 MACFALL	43 STREET ADDRESS		
CITY ST ZIP	EL PASO TX	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WORSHAM, NICOLE	52 NAME		
STREET ADDRESS	4701 TURF	53 STREET ADDRESS		
CITY ST ZIP	EL PASO TX	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Scot W. McKinney 7/ /95 (915) 591-7483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0165021 FN