

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 607.0732 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, 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 that of officer)

(If the Registered Agent signature is not filed on this form)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	ABBOTT, ALAN	
STREET ADDRESS	10912 DON JANUARY	
CITY-STATE-ZIP	EL PASO TX	
TITLE	VD	☐ DELETE
NAME	ALSTON, JAMES	
STREET ADDRESS	9942 BELFAST	
CITY-STATE-ZIP	EL PASO TX	
TITLE	ST	☐ DELETE
NAME	ABBOTT, ELIZABETH	
STREET ADDRESS	10912 DON JANUARY	
CITY-STATE-ZIP	EL PASO TX	
TITLE	D	☐ DELETE
NAME	JOHNSTON, JOHANNA	
STREET ADDRESS	9013 MACFALL	
CITY-STATE-ZIP	EL PASO TX	
TITLE	D	☐ DELETE
NAME	WORSHAM, NICOLE	
STREET ADDRESS	4701 TURF	
CITY-STATE-ZIP	EL PASO TX	
TITLE	C	☒ DELETE
NAME	MCKINNEY, SCOT W	
STREET ADDRESS	4117 RIVER BEND DR.	
CITY-STATE-ZIP	EL PASO TX	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(k), 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:

Nicole Worsham

Nicole Worsham

5/3/96

(915) 591-9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)