

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000009567 (8)

1. Corporation Name:
PALM PLAZA OPTICAL, INC.

APPROVED
AND
FILED

95 MAY -1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business: **711 N 14TH ST
LEESBURG FL 34748**
Mailing Address: **711 N 14TH ST
LEESBURG FL 34748**

3. Date incorporated or qualified: **12/07/1992**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-3155830**
Applied Fee: Applied Fee Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under § 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State: **22** Date: **27**
City & State: **23**
City: **28**
Zip: **24** County: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent:
**COX, BARBARA K
711 N. 14TH STREET
LEESBURG FL 34748**

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 607.1502 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	COX, VERNON L 4875 SE 117TH PLACE BELLEVUE FL 34420	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		12 NAME:	
STREET ADDRESS:		13 STREET ADDRESS:	
CITY, ST, ZIP:		14 CITY, ST, ZIP:	
TITLE:		21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 193.03(3)(b), Florida Statutes. I further certify that the information included 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 17 of Block 1 of changes, or on an attachment with an address.

SIGNATURE: *Vernon L. Cox* **VERNON L COX, PRES.** 5-1-95 904 757-0044