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

PROFIT CORPORATION ANNUAL REPORT

1995 8-3-95 B-8049-C

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

DOCUMENT # P93000002109 (5)

1. Corporation Name

ANDREWS OPTICAL GROUP, INC.

FILED
95 AUG -3 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
ROUTE 16, BOX 2063 TALLAHASSEE FK 32310	ROUTE 16, BOX 2063 TALLAHASSEE FK 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1993	3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-3158280	☐ 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 ANDREWS OPTICAL	26 ANDREWS OPTICAL
Suite, Apt. #, etc. 22 410 W. TENNESSEE ST	Suite, Apt. #, etc. 27 410 W. TENN. ST
City & State 23 TALLAHASSEE FL	City & State 28 TALLA, FL
Zip / Country 24 32301 / 25 USA	Zip / Country 29 32301 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HABEN, CULPEPPER, DUNBAR & FRENCH, P.A. ROUTE 16, BOX 2063 TALLAHASSEE FL 32310	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, Type or Printed Name of Registered Agent and, if an Officer, Title (NOTE: Registered Agent Signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, MICHAEL F	12 NAME	
STREET ADDRESS	RT. 16 BOX 2063	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32310	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, VIRGINIA E	22 NAME	
STREET ADDRESS	RT. 16 BOX 2063	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32310	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	

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: Michael F. Andrews 7-31-95 (904) 561-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL F. ANDREWS

D128202 FP