## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300002157 (4)

QUALITY OPTICS, INC.

Principal Place of Business 1695 WELLS ROAD

Mailing Address

1695 WELLS ROAD

## **FILED** Feb 18 1997 8:00am Secretary of State



ORANGE PARK FL 32073		ORANGE PARK FL 32073-2319				•			
						3. Date Incorporated or Qualified 01/07/1993		te of Last Re 30/1996	eport
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3160635	<del>, !</del>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
<b>23</b> Zip	Country	Zip	Cou	intry	/	8. This corporation has liability for it			
24	25	29	30					] No	100.000,
	g, Name and Address of Curre		1991	Ι		10. Name and Address of New Re			<del></del>
DAV	E. JAMES H II		···· ···· ·····	81	Name				
733 NORTH PALMETTO AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			lo)		
GREEN COVE SPRINGS FL 32043				82	Street Ad	dress (P.O. Box Number is Not Acceptab	ю)		
J				83	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
				84	City		P=1	<b>85</b> Zip (	Code
							FL		
n flooring	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m lamiliar with, and accept the obli	e of Florida. Such change was	: authorize	d by	v the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE	Stignature, typical or printed name of registerico a	gont and site if applicable. (NC	DTE: Registere	d Age	ent signature rer	quired when reinstating)	DATE		
12.		ND DIRECTORS	13.		····	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	L] DELETE	1,1 3	TLE				☐ Change	Addition
NAME	GREEN, DAVID A		1.2 N	AME					
STREET ADDRESS	3017 DOCTORS LAKE DRIVE		1.3 S	TREET	T ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL		1.40	ITY - S	\$T-ZIP			·· <b></b>	
TITLE	ST	DELETE	2.1 T	ITLE	'			Change	Addition
NAME	GREEN, FRANCES A		2.2 N	AME			:		
STREET ADORESS	3017 DOCTORS LAKE DRIVE		2.3 5	<b>H</b> IEET	TADDRESS		* 1		;
011Y+S1+20F	ORANGE PARK FL				ST-ZIP				
TITLE		DELETE	317	I E	:		-	Change	Addition
NAME			3.2 N	VIE		·			
STREET ADDRESS			3.3 \$	ÆE	T ADDRESS				
CHY-SI-ZiP			34.1	-	\$1 - ZIP				A database
TITLE		DELETE	4.1 7					Change	Addition
NAME			4.2	-					
STREET ADDRESS			4.3 5	F	TADDRESS				
CITY-ST-7:2			4.4.9	_	ST-ZIP			T I Change	Addition
TITLE		☐ DELETE	5.1 T	Ŧ				L Change	Addition
NAME:			5.2 F	•					
STREET ADDRESS				1	T ADDRESS				
CITY - S1 - ZIP		T 05: 5=5		4-	ST-ZIP			Change	Addition
THE		DELETE	6.11					Change	Addition
NAME			6.2	IAME					
STREET ADDRESS			6.3 5	TREE	T ADDRESS				
City-St-ZiP					ST-ZIP	ted in Section 119 07(3)(i) Florida Statute	مالورية	r andifu that	( tho
L 44 Lein boro	by cortify first the information cumpl	iad with this filing zings not due	auty tar the	PAN	emotion sta	rea in Section 1 19.0/13)(D. M <b>orida Statut</b> e	в. ниппе	a cerby mai	i u io

roo nereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that 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 chapter or on an attachment with an address.

SIGNATURE: