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Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000002157 (4)

1. Corporation Name  
QUALITY OPTICS, INC.



Principal Place of Business  
1695 WELLS ROAD  
ORANGE PARK FL 32073

Mailing Address  
1695 WELLS ROAD  
ORANGE PARK FL 32073-2319

3. Date Incorporated or Qualified 01/07/1993  
3a. Date of Last Report 04/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3160635  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVE, JAMES H II  
733 NORTH PALMETTO AVENUE  
GREEN COVE SPRINGS FL 32043

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
PD  
GREEN, DAVID A  
3017 DOCTORS LAKE DRIVE  
ORANGE PARK FL

1.2 NAME

CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME  
ST  
GREEN, FRANCES A  
3017 DOCTORS LAKE DRIVE  
ORANGE PARK FL

2.1 TITLE

TITLE ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME  
STREET ADDRESS

4.1 TITLE

CITY-ST-ZIP

4.2 NAME

NAME  
STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

NAME  
STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0015800

CR2E034 (9/96)