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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS P93000004904 (7) **DOCUMENT #**

NORTH FLORIDA OPTICAL SERVICES, INC.



4200	UNIVERSA	ry R	חעו	,
	SONVILLE			
US				

Principal Place of Business

Mailing Address

							3. Date incorporated or admined	Ju. Date Of La	
							01/22/1993	03/1	4/1995
2. Principal	I Place of Business	2a	Maiing Address				4. FEI Number		Applied For
21		26	c/o Judy	L. Tip	ptor) .	59-3170542		Not Applicable
Sute, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc. 27 1752 Horton Drive			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	29	^{Ζιρ} 32073	30	untry U	 SA	This corporation has liability for Florida Statutes	intangible tay und	ers 199.032,
	9. Name and Address of Curi	ent Regis	stered Agent	L	T		10. Name and Adovess of New F	legistered Ageni	
					81	Name			
KING, DAVID A ATTORNEY AT LAW		82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)				
141	18 KINGSLEY AVENUE				83				
OR	IANGE PARK FL 32073				84	City		FL 85	Zıp Code
11. Pursua or regi	ant to the provisions of Sections 607.08 stered agent, or both, in the State of F	002 and 60 oridal Suc	07.1508, Florida St h change was aut	atutes, the all	ove r	amed corpor oration s boa	ration submits this statement for the pu ind of directors. I hereby accept the app	rpose of changing pointment as regist	its registered office ered agent. I am

familiar with, and accept the obligations of, Section 607.0505. Florida Statutes

SIGNATURE	partine, typed or to the finance of regulates, agent and title if	and take Mod	TE Hogsbried Apert Signatury respinsed	$(\mathbf{q}, \mathbf{t}, \mathbf{q}) = \mathbf{p}_0 \cdot \mathbf{t} \mathbf{s} \mathbf{t} \mathbf{t} \cdot \mathbf{q}^2$ $\mathbf{DA'1}$
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELÉTÉ	1 1 TITLE	☐ Change ☐ Addition
NAME	TIPTON, JUDY L		1.2 NAME	
STREET ADDRESS	1752 HORTON DR		1.3 STREET ADDRESS	·
CITY-SI-ZIP	ORANGE PARK FL 32073		1.4 CITY - ST - ZIP	
TITLE		DELF IE	2 1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST. ZIP	
TITLE		☐ DELETE	3 1 THTLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY ST-ZIF	
TITLE		DELETE	4 1 TITLE	. Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4.CITY - S1 - ZIP	
TITLE		☐ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CHY - ST - ZIP	
TITLE	•	☐ DELETE	6 1 T-TLE	Cnange Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - 7IP			64 CITY - ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily formshod and does not quarry 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an algorithm with an address.

SIGNATURE:)

AND Types on PRINTED NAME OF SOMING OFFICE HOR DIRECTOR

L. Tipton, President

CR2E034 (12/95)