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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Feb 10 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300004904 (7)

NORTH FLORIDA OPTICAL SERVICES, INC.

Principal Place of Business Mailing Address 4209 UNIVERSITY BLVD., S. **% JUDY L. TIPTON** JACKSONVILLE FL 32218 1752 HORTON DRIVE DO NOT WRITE IN THIS SPACE ORANGE PARK FL 32073 3. Date Incorporated or Qualified 01/22/1993 2. Principal Place of Business 26. Mailing Address Applied For 21 59-3170542 Not Applicable Suitu, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Ζφ 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KING, DAVID A ATTORNEY AT LAW Street Address (P.O. Box Number is Not Acceptable) 1416 KINGSLEY AVENUE 83 **ORANGE PARK FL 32073** 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME TIPTON, JUDY L 1.2 NAME CRZESS4 1752 HORTON DR STREET ADDRESS 13 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 C(TY - ST - 7)P CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DETETE Addition Change TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP OFFEE Addition 5.1 TILLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME

SIGNATURE: Quely L. Typton President Judy L. T. pton 1/31/98 904-739-9506

14. Thereby certify that the information supplied with this filling 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

6 3 STREET ADDRESS