

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Merriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015673 (5)

1. Corporation Name

RICHARD E. HOSEA, O.D., P.A.

Principal Place of Business

**2250 COVE BLVD
PANAMA CITY FL 32405**

Mailing Address

**2250 COVE BLVD.
PANAMA CITY FL 32405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

08/24/1994

2. Principal Place of Business

21

State Apt # etc

2b. Mailing Address

26

State Apt # etc

4. FEI Number

59-3166359

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

9. Name and Address of Current Registered Agent

**HOSEA, RICHARD E
2250 COVE BLVD.
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0903 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 607.0903, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

274

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 NAME 02 STREET ADDRESS 03 CITY, ST, ZIP	D HOSEA, RICHARD E 2210 COUNTRY CLUB DRIVE LYNN HAVEN FL 32444	01 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01 NAME 02 STREET ADDRESS 03 CITY, ST, ZIP		02 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01 NAME 02 STREET ADDRESS 03 CITY, ST, ZIP		03 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01 NAME 02 STREET ADDRESS 03 CITY, ST, ZIP		04 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01 NAME 02 STREET ADDRESS 03 CITY, ST, ZIP		05 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01 NAME 02 STREET ADDRESS 03 CITY, ST, ZIP		06 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01 NAME 02 STREET ADDRESS 03 CITY, ST, ZIP		07 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01 NAME 02 STREET ADDRESS 03 CITY, ST, ZIP		08 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

RICHARD E. HOSEA, O.D.
Richard E. Hosea, O.D.

5/1/95

904-766-6333

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TERRY B. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

APR 20 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015688 (3)**

In Corporation Name:

STAR TECH ENTERPRISES, INC.

Principal Place of Business: **695 BROWN BEAR COURT WINTER SPRINGS FL 32708**
Mailing Address: **P O BOX 3751 WINTER SPRINGS FL 32708**

2. Principal Place of Business: **21** State: **FL** City & State: **22** City & State: **23** Zip: **24** Country: **25** Mailing Address: **26** State: **FL** City & State: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **03/01/1993** 3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-3164543** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
B. This corporation has liability for intangible tax under 19-119.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **PEASE, STEVEN A 695 BROWN BEAR COURT WINTER SPRINGS FL 32708**
10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P O Box Number is Not Acceptable): 83 City: 84 State: FL 85 Zip Code:**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (Print Name of Agent, if Registered Agent, 119-119.032 Florida Statutes; if Not Registered Agent, Signatures of Registered Agent Required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	PEASE, STEVEN A 695 BROWN BEAR COURT WINTER SPRINGS FL 32708	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	PEASE, DONALD R 695 BROWN BEAR COURT WINTER SPRINGS FL 32708	12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	PEASE, TIMOTHY R 1053 SEMINOLE CREEK DRIVE OVIEDO FL 32765	13 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		14 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		15 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		16 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		17 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		18 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		19 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		20 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		21 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		22 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, and that my signature shall have the same legal effect as if made under oath. 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 addition thereto with an address.

SIGNATURE: Steven A. Pease **STEVEN A. PEASE** **4/25/95 4073656263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR