

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000035340 (7)

1. Corporation Name

TRI CITY OPTICAL, INC.



Principal Place of Business

2995 TYRONE BLVD.  
ST. PETERSBURG FL 33710

Mailing Address

2995 TYRONE BLVD.  
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified

05/13/1993

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3185638

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOERBELT, RICHARD W

2995 TYRONE BLVD.

ST. PETERSBURG FL 33710

81 Name

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

6553 46<sup>ST</sup> N. # 906

83

84 City

PINELLA PARK

FL

85 Zip Code

34665

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 state if agent, officer

(If DTF, Registered Agent signature required when filing) DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HOERBERT, RICHARD  
STREET ADDRESS 806 BANNOCKBURN AVE  
CITY-STATE-ZIP TEMPLE TERRACE FL ☐ DELETE

TITLE VPS  
NAME HOERBERT, SUSAN  
STREET ADDRESS 806 BANNOCKBURN AVE  
CITY-STATE-ZIP TEMPLE TERRACE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME HOERBERT  
1.3 STREET ADDRESS 806 BANNOCKBURN AVE  
1.4 CITY-STATE-ZIP ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME HOERBERT  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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 attachment with an address.

SIGNATURE:

*Richard W. Hoerbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (813) 528-8873  
DATE DAYTIME PHONE #

CR2E034 (12/95)