

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 4:19

DOCUMENT # P93000068263 (1)

1. Corporation Name

HUNTER, SCHULZ & HORTON, O.D., P.A.

Principal Place of Business

**43309 US HWY 19 NORTH
TARPON SPRINGS FL 34688**

Mailing Address

**P.O. BOX 1397
TARPON SPRINGS FL 34688-1397**

(DO NOT WRITE IN THIS SPACE)

3. Date first incorporated or Qualified 10/01/1993	3a. Date of Last Report 04/06/1994
4. FEI Number 59-3207035	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	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HUNTER, J. MATTHEW
43309 U.S. HWY. 19
TARPON SPRINGS FL 34688**

10. Name and Address of New Registered Agent

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 of Agent or principal officer of corporation, as required by law)

(Signature of Registered Agent, as required by law)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, J M	1.2 NAME	
STREET ADDRESS	40 KELLYS TRAIL	1.3 STREET ADDRESS	
CITY- ST- ZIP	OLDSMAR FL 34677	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHULZ, MICHAEL R	2.2 NAME	
STREET ADDRESS	3701 WOODRIDGE PLACE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PALM HARBOR FL 34684	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	HORTON, RODNEY O	3.2 NAME	
STREET ADDRESS	2557 LAKESIDE CT.	3.3 STREET ADDRESS	
CITY- ST- ZIP	PALM HARBOR FL 34684	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that this information is included in the annual report or supplemental annual report as 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 this corporation or the registered agent or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/95

813-938 9707