

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1996-15-96

B-2275 DIVISION OF CORPORATIONS C

DOCUMENT # P93000068263 (1)

1. Corporation Name

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



Principal Place of Business

Mailing Address

43309 US HWY 19 NORTH
TARPON SPRINGS FL 34688

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

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 5413 US Hwy 19

Suite, Apt. #, etc.

22

City & State

23 NEW Port Richey, FL

Zip

24 34652

Country

25 PASCO

2a. Mailing Address

26 5413 US Hwy 19

Suite, Apt. #, etc.

27

City & State

28 NEW Port Richey, FL

Zip

29 34652

Country

30 PASCO

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

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

Hunter, J. Matthew

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

5413 US Hwy 19

83

84 City

New Port Richey

FL

85 Zip Code

34616

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 brief application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.8 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.9 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-96

(813) 842-2020

CR2E034 (12/95)