


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

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AND  
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1997 MAY -8 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS							
<b>DOCUMENT # P94000004785 (9)</b> 1. Corporation Name <b>ST. JOHNS EYE CARE, INC. PA.</b>											
Principal Place of Business <b>2504 CRILL AVENUE PALATKA FL 32177</b>			Mailing Address <b>2504 CRILL AVENUE PALATKA FL 32177-4264</b>								
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/10/1994</b> 3a. Date of Last Report <b>01/23/1996</b> 4. FEI Number <b>59-3231099</b> 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent <b>DEPUTY, GERALD R O.D. 440 LAKE ASBURY DRIVE GREEN COVE SPRINGS FL 32043</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City								
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 _____ (NOTE: Registered Agent signature required when reinstating)											
12. OFFICERS AND DIRECTORS 12.1 TITLE <b>DPT</b> <input type="checkbox"/> DELETE 12.2 NAME <b>DEPUTY, GERALD R O.D.</b> 12.3 STREET ADDRESS <b>440 LAKE ASBURY DRIVE</b> 12.4 CITY - ST - ZIP <b>GREEN COVE SPRINGS FL 32043</b> 12.5 TITLE <b>DVS</b> <input type="checkbox"/> DELETE 12.6 NAME <b>LENNON, JOHN JR.</b> 12.7 STREET ADDRESS <b>704 SEABROOK COVE ROAD</b> 12.8 CITY - ST - ZIP <b>JACKSONVILLE FL 32211</b> 12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY - ST - ZIP 12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY - ST - ZIP 12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY - ST - ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY - ST - ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filing 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. 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: <u>Gerald R Deputy</u> <b>Gerald R Deputy</b> 3/31/97 904328-5141 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone											



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\*\*\*165.00 FL \*\*\*165.00

CR2E034 (9/96)