FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:42

DOCUMENT # **P94000007212 (1)**

1. Corporation Name

VISIONWORKS HOLDINGS, INC.

Principal Place of Business	Mailing Address
TWELVE PIEDMONT CENTER, SUITE 210 ATLANTA GA 30305	TWELVE PIEDMONT CENTER, SUITE 210 ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 13830 58 Street No.
22: Suite, Apt. #, etc.
23: City & State: CLEARWATER, FL.
24: Zip: 34620
25: Country: USA

2a. Mailing Address
26: P.O. Box 17660
27: Suite, Apt. #, etc.
28: City & State: CLEARWATER, FL.
29: Zip: 34620
30: Country: USA

4. FEI Number: 59-3226333 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	BULL, JOHN G	1.2 NAME	WILLIAM BULL
STREET ADDRESS	790 E. BROWARD BLVD. #400	1.3 STREET ADDRESS	3310 A-2 Park Road
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Lakeland, FL 33802
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, WILLIAM S	2.2 NAME	
STREET ADDRESS	TWELVE PIEDMONT CENTER, SUITE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, BART	3.2 NAME	
STREET ADDRESS	TWELVE PIEDMONT CENTER, SUITE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PARK, LARENCE	4.2 NAME	
STREET ADDRESS	2950 SURRY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	PRESIDENT & C.E.O. DIRECTOR ☑ Change ☐ Addition
NAME	ROBERSON, RICHARD W	5.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD.	5.3 STREET ADDRESS	13830 58 Street North
CITY-ST-ZIP	LARGO FL 34647	5.4 CITY-ST-ZIP	CLEARWATER, FL 34620
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WAHLEN, EDWIN A JR	6.2 NAME	
STREET ADDRESS	TWELVE PIEDMONT CENTER, SUITE 210	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	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)(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; 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. Roberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300717 FP