

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 01 1996 8:00 am  
Secretary of State

**DOCUMENT # P94000007212 (1)**

1. Corporation Name

**VISIONWORKS HOLDINGS, INC.**

Principal Place of Business

**13830 58TH ST. N.  
CLEARWATER FL 34620  
US**

Mailing Address

**P. O. BOX 17660  
CLEARWATER FL 34620  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**01/27/1994**

3a. Date of Last Report  
**01/24/1995**

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

**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

Signature, typed or printed name of registered agent and office address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D BULL, WILLIAM**  
STREET ADDRESS **2310 A-Z PARK RD.**  
CITY-STATE-ZIP **LAKELAND FL**

TITLE ☐ DELETE  
NAME **D GREEN, WILLIAM S**  
STREET ADDRESS **TWELVE PIEDMONT CENTER, SUITE 210**  
CITY-STATE-ZIP **ATLANTA GA 30305**

TITLE ☐ DELETE  
NAME **D MCLEAN, BART**  
STREET ADDRESS **TWELVE PIEDMONT CENTER, SUITE 210**  
CITY-STATE-ZIP **ATLANTA GA 30305**

TITLE ☐ DELETE  
NAME **D PARK, LARENCE**  
STREET ADDRESS **2950 SURRY LANE**  
CITY-STATE-ZIP **FORT LAUDERDALE FL 33331**

TITLE ☐ DELETE  
NAME **PCD ROBERSON, RICHARD W.**  
STREET ADDRESS **13830 58TH ST. N.**  
CITY-STATE-ZIP **CLEARWATER FL**

TITLE ☐ DELETE  
NAME **D WAHLEN, EDWIN A JR**  
STREET ADDRESS **TWELVE PIEDMONT CENTER, SUITE 210**  
CITY-STATE-ZIP **ATLANTA GA 30305**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Whitlay, Wallace**  
1.3 STREET ADDRESS **8633 Northwest 47th Drive**  
1.4 CITY-STATE-ZIP **Coral Springs, FL 33067**

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

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

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

5.1 TITLE **PD** ☒ Change ☐ Addition  
5.2 NAME **Same**  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE **C** ☒ Change ☐ Addition  
6.2 NAME **Same**  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

**Sharon Brown VP-CFO/Treas.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/96**  
Date

**813-524-6203**  
Daytime Phone #

CR2E034 (12/95)