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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporation	TName		003736	-	-						
AN O	PTICAL ILLUSIO	n of Chaf	ilotte coui	NTY, INC	).						
Principal Place	e of Business	Mailing Addr	Mailing Address				-{	HI 00111 20	<b>iru</b> jaha u <b>uuu</b> a	HO DINI BEN IODI	
425 CROSS ST. Punta gorda Fl 33950			425 CROSS ST. PUNTA GORDA FL 33950								
								3. Date Incorporated or Qualified 04/19/1994	3a. [	Date of Last F 06/12/19	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For 65-0537941 Not Applied			
Suite, Apt. #, etc			Suite, Apt. #, etc.								Not Applicable  5 Additional
22			27					5. Certificate of Status Desired			Required
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Ζιρ <b>24</b> ]	Country 25		Zip 29	<del> </del>		Country		(8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Ad	lress of Curren	1 1	ent				10. Name and Address of New			
					1	11	Name				
WICKS, GERALD 425 CROSS ST.					1	12	Street Addre	ess (P.O. Box Number is Not Accepta	bie)		
425 CHUSS ST. PUNTA GORDA FL 33950					1	13					
	GONDA 1 E GOOG					$\perp$					
						4	City			'Lil	ip Code
<ol> <li>Pursuant t or register</li> </ol>	to the provisions of Se ed agent, or <b>h</b> oth, in t	ctions 607,0502 he State of Florid	and 607.1508, Flo da. Such change v	orida Statute vas authorizi	es, the above	e-na	amed corpora	ation submits this statement for the put of directors. I hereby accept the app	rpose of	changing its	registered office
	th, and accept the ob	igations of Secti	ion 607.0505, Flori	ida Statutes		, k	,	o o orosoro. Thoroby doocke bid app			1 agent, 1 ann
SIGNATURE _	Signature, typod or printed na	me of registered agent	and title if applicable	Ņ <b>Λ</b> ∠.	IE Registered A	gent	t signature required	when reinstating)	<b>-7</b>	Q0 94	
12.	T - 88#	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12
TITLE	DPT	D.A		DELETE	1 1 1111	.E				☐ Change	Addition
NAME CIRCLI ADDRESS	WICKS, RHON 425 CROSS S				1.2 NAM						
STREET ADDRESS CITY+ST-ZIP	PUNTA GORDA						ADDRESS				
Tille	DVS	116 0000		DELETE	1.4 C/TY 2. 1 T/TL		1-20			Change	Addition
NAME	WICKS, GERAI	.D	<del>-</del>		2 2 NAM						
STHEET ADDRESS	425 CROSS S				2.3 STRE	ET A	ADDRESS				
CIRY - ST - ZIP	PUNTA GORDA	\ FL 33950			2.4 CiTy	-sr	r - ZIP				
TITLE				DELETE	3. 1 TITL	ŧ				☐ Change	Addition
NAME					3.2 NAM						
STREET ADDRESS					3.3 STR	EET.	ADDRESS				
OTY-ST-ZIP TITLE	<del></del>			DELETE	3.4 C(TY 4. 1 T(T)		I - ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME.			. ت	DELET.	4.2 NAM		İ			change	
STREET ADDRESS							ADDRESS				
C(1 Y - \$1 - 7/P					4.4 CITY						
TOLE				DELETE	5 1 TITL		<del></del>			Change	☐ Addition
NAME					5.2 NAM	E					
STREET ADDRESS					5 3 STRE	ET #	ADDRESS				
CITY-\$1-ZIP	ļ			DEL STE	5.4 City	_	I - ZIP				
TITLE				DELETE	6 1 THL					Change	Addition
NAME CIRCLI ADDRESS					62 NAM						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP 14. I do hereb	L	nation supplied v	with this filing is vol	luntarily furni	6.4 C(TY ished and do			r the exemption stated in Section 119	07(3)(k)	Florida Statut	tes 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 or Block 13 or an antiachment with an address. Rhonda L. Wicks

**SIGNATURE:** 

OF SIGNING OFFICER OR DIRECTOR

941-437-0403 Dayline Phone I