

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
CONSUMER SERVICE CENTER
1000 PENNSYLVANIA AVENUE
TALLAHASSEE, FL 32304-0001

DOCUMENT # P94000059507 (1)

EYE MASTERS, INC.

APPROVED
AND
FILED

55 MAY -1 PM

SECRETARY OF
TALLAHASSEE, FL

Principal Office Address: 9603 WOODBAY DR TAMPA FL 33626
Mailing Address: 9603 WOODBAY DR TAMPA FL 33626

2. Principal Office of Business	2a. Mailing Address
21. State of Florida	26. State of Florida
22. City of Tampa	27. City of Tampa
23. County of Hillsborough	28. County of Hillsborough
24. Zip Code 33626	29. Zip Code 33626
30. Telephone Number	

3. Date incorporated or qualified	3a. Date of Last Report
08/12/1994	
4. FEI Number	Applied For
59-3261332	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
7. This corporation has liability for integrated tax under 1995 Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	
BOUTZOUKAS, MICHAEL E 100 SECOND AVE S FOURTH FLOOR NORTH TOWER ST PETERSBURG FL 33701	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 principal office 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 the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS	
12.1 NAME	D HASKINS, JOHN A
12.2 STREET ADDRESS	9603 WOODBAY DR
12.3 CITY, STATE, ZIP	TAMPA FL 33626
12.4 TITLE	
12.5 NAME	
12.6 STREET ADDRESS	
12.7 CITY, STATE, ZIP	
12.8 TITLE	
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY, STATE, ZIP	
12.12 TITLE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, STATE, ZIP	
12.16 TITLE	
12.17 NAME	
12.18 STREET ADDRESS	
12.19 CITY, STATE, ZIP	
12.20 TITLE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME	☐ Change ☐ Addition
13.2 STREET ADDRESS	
13.3 CITY, STATE, ZIP	
13.4 TITLE	☐ Change ☐ Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY, STATE, ZIP	
13.8 TITLE	☐ Change ☐ Addition
13.9 NAME	
13.10 STREET ADDRESS	
13.11 CITY, STATE, ZIP	
13.12 TITLE	☐ Change ☐ Addition
13.13 NAME	
13.14 STREET ADDRESS	
13.15 CITY, STATE, ZIP	
13.16 TITLE	☐ Change ☐ Addition
13.17 NAME	
13.18 STREET ADDRESS	
13.19 CITY, STATE, ZIP	
13.20 TITLE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is correct and complete for the information stated in this form. I am a resident of the State of Florida. I further certify that the information supplied on this filing is true and correct and that my signature shall have the same legal effect as if made before a notary public or other official authorized to administer oaths. I am a resident of the State of Florida. I further certify that the information supplied on this filing is true and correct and that my signature shall have the same legal effect as if made before a notary public or other official authorized to administer oaths. I am a resident of the State of Florida.

SIGNATURE: [Signature] DATE: 4-30-95 (813) 787-9707