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FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000000408 (1)

1. Corporation Name  
KLINGER EYE SHIELDS, INC.



Principal Place of Business

5921 52ND AVE. N.  
KENNETH CITY FL 33709

Mailing Address

PO BOX 1301  
LARGO FL 33779-1301

3. Date Incorporated or Qualified  
01/03/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 12467 62nd St. N

Suite, Apt. #, etc.

22 Suite 104

City & State

23 Largo, FL

Zip

24 33773

Country

25 USA

2a. Mailing Address

26 P.O. BOX 23273

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, FL

Zip

29 33742

Country

30 USA

4. FEI Number

59-3283749

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

BROOKS, DAVID M.  
5921 52ND AVE. N.  
KENNETH CITY FL 33709

10. Name and Address of New Registered Agent

81 Name

Brooks, David M.

82 Street Address (P.O. Box Number is Not Acceptable)

5731 Venetian Blvd. NE

83

84

City  
St. Petersburg, FL

FL

85 Zip Code

33703

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

*David Brooks*

DAVID BROOKS

VICE PRESIDENT

4-7-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
JOHNSON, MARILYN J  
1403 BAYSHORE DR. N.  
SAFETY HARBOR FL 34895

TITLE ☐ DELETE

V  
BROOKS, DAVID M  
5921 52ND AVE. N.  
KENNETH CITY FL 33709

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5731 Venetian Blvd. NE  
St. Petersburg, FL 33703

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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; 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:

*David Brooks*  
DAVID BROOKS  
VICE PRESIDENT

Date

4-7-97 813-524-9801

Daytime Phone #

CR2E034 (9/96)