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

DOCUMENT # P95000034733

1. Corporation Name

SIGHT EFFECTS, INC.

Principal Place of Business	Mailing Address
RR 3 Box 1756 Bonifay, FL 32425	RR 3 Box 1756 Bonifay, FL 32425

3. Date Incorporated or Qualified: May 15, 1995

3a. Date of Last Report: N/A

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3328501 ☐ 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

Sonja F. Prescott
RR 3 Box 1756
Bonifay, FL 32425

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 required for printed name of registered agent listed in Block 10 if applicable. (NOTE: Registered Agent signature not required when filing online)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Sonja F. Prescott		1.2 NAME		
STREET ADDRESS	RR 3 Box 1756		1.3 STREET ADDRESS		
CITY-ST-ZIP	Bonifay, FL 32425		1.4 CITY-ST-ZIP		
TITLE	First Vice President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Owen N. Powell		2.2 NAME		
STREET ADDRESS	201 N. J. H. Etheridge St.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Bonifay, FL 32425		2.4 CITY-ST-ZIP		
TITLE	Second Vice President	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Cecil Kyle Prescott		3.2 NAME		
STREET ADDRESS	RR 1 Box 365		3.3 STREET ADDRESS		
CITY-ST-ZIP	Bonifay, FL 32425		3.4 CITY-ST-ZIP		
TITLE	Second Vice President	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Julian Keith Prescott		4.2 NAME	600001800526 -04/30/96--01015--012 ***208.75	
STREET ADDRESS	RR 3 Box 1756		4.3 STREET ADDRESS		
CITY-ST-ZIP	Bonifay, FL 32425		4.4 CITY-ST-ZIP		
TITLE	Secretary/Treasurer	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Sonja F. Prescott		5.2 NAME		
STREET ADDRESS	RR 3 Box 1756		5.3 STREET ADDRESS		
CITY-ST-ZIP	Bonifay, FL 32425		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JZ 4.29

CR2E034 (12/95)

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: Sonja F. Prescott — Sonja F. Prescott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042396
Date

(904)638-7000
Daytime Phone #