

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90142 042 \*\*\*158.75

0059451

**DOCUMENT # P95000034733**

1. Corporation Name  
**SIGHT EFFECTS, INCORPORATED**

Principal Place of Business

RR3 BOX 1756  
BONIFAY FL 32425

Mailing Address

RR3 BOX 1756  
BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/15/1995**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**PRESCOTT, SONJA F  
ROUTE 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

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 PS ☐ DELETE

NAME **PRESCOTT, SONJA F**  
STREET ADDRESS **ROUTE 3, BOX 1756**  
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE 1VP ☐ DELETE

NAME **POWELL, OWEN N.**  
STREET ADDRESS **201 N.J.H. ETHERIDGE ST.**  
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE 2VP ☐ DELETE

NAME **PRESCOTT, CECIL KYLE**  
STREET ADDRESS **RR 1 BOX 365**  
CITY-ST-ZIP **BONIFAY FL 32425**

TITLE 2VP ☐ DELETE

NAME **PRESCOTT, JULIAN KEITH**  
STREET ADDRESS **RR 3 BOX 1756**  
CITY-ST-ZIP **BONIFAY FL 32425**

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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042699

850-638-7000 ext 102

Date

Daytime Phone #

CR2E034 (1/98)