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 # P95000037638 (0)

1. Corporation Name
FLAGSHIP OPTICAL CORPORATION

Principal Place of Business	Mailing Address
201 NE 41ST AVE OCALA FL 34470	201 NE 41ST AVE OCALA FL 34470

3. Date Incorporated or Qualified: 05/11/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 8441 SW SR 200
Suite, Apt. #, etc
22: #117
City & State
23: Ocala Fl
Zip
24: 34481
Country
25: Marion

2a. Mailing Address
26: 8441 SW SR 200
Suite, Apt. #, etc
27: #117
City & State
28: Ocala Fl
Zip
29: 34481
Country
30: Marion

4. FEI Number: 59-3314764 ☐ 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**

WHITE, RONALD
201 NE 41ST AVE
OCALA FL 34470

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WHITE, RONALD E	
STREET ADDRESS	201 NE 41ST AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	☒ DELETE
NAME	FORNOF, LISA D	
STREET ADDRESS	6731 SW 12TH CT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		☐ DELETE
NAME	Maria B. Dearing	
STREET ADDRESS	6025 SE 46th Ave Rd	
CITY-ST-ZIP	Ocala Fl 34480	
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		
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME	Maria B. Dearing	
3.3 STREET ADDRESS	6025 SE 46th Ave Rd	
3.4 CITY-ST-ZIP	Ocala Fl 34480	
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 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96 (Date) 352-854-0088 (Daytime Phone #)

CR2E034 (12/95)