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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037638 (0)

FLAGSHIP OPTICAL CORPORATION

Principal Place of Business Mailing Address 8441 SW SR 200 8441 SW SR 200 SUITE 117 SUITE 117 OCALA FL 34481 OCALA FL 34481 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3314764 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WHITE, RONALD **201 NE 41ST AVE** 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34470 83 84 City 85 Zip Code 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision RUNARD WHITE SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE d name of registimed agent and tille if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE WHITE, RONALD E NAME 1.2 NAME 201 NE 41ST AVE STREET ADDRESS 1.3 STREET ADDRESS **OCALA FL 34470** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE DEARING, MARIA NAME 2.2 NAME 6025 SE 46TH AVENUE ROAD STREET ADORESS 2.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-79P 3.4. CITY-ST-ZIP DELETE TETLE 4.1 TITLE ☐ Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS**

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 supplied arinual 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 required 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 aparchment with an aridress. KOWALD INHITE

6.4 CITY - ST - ZIP