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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000021281 (6)

1. Corporation Name
FAMILY OPTICAL, INC.



Principal Place of Business
6125 COUNTRY ROAD 54
NEW PORT RICHEY FL 34653

Mailing Address
6125 COUNTRY ROAD 54
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified 03/07/1996	3a. Date of Last Report
4. FEI Number 65-0688514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2740 Seven Springs Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 2740 Seven Springs Blvd Suite, Apt. #, etc.
22 City & State 23 New Port Richey FL 24 Zip 34655	27 City & State 28 New Port Richey 29 Zip 34655
Country 25 Pasco	Country 30 Pasco

9. Name and Address of Current Registered Agent FOX, GREGORY A 28050 U.S. HIGHWAY 19 NORTH SUITE 100 CLEARWATER FL 34621	10. Name and Address of New Registered Agent 81 Name 82 Sherrie D. Teddy 83 Street Address (P.O. Box Number is Not Acceptable) 2740 Seven Springs Blvd. 84 City New Port Richey FL 85 Zip Code 34655
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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: *Sherrie D. Teddy* (NOTE: Registered Agent signature required when reinstating) DATE: 2-27-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETED <input type="checkbox"/>	1.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME TEDDY, SHERRIE D		1.2 NAME Teddy, Sherrie D	
STREET ADDRESS 6125 COUNTRY ROAD 54		1.3 STREET ADDRESS 2740 Seven Springs Blvd.	
CITY-ST-ZIP NEW PORT RICHEY FL 34653		1.4 CITY-ST-ZIP New Port Richey FL 34655	
TITLE STD	DELETED <input type="checkbox"/>	2.1 TITLE STD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME BACHMAN, GREGG		2.2 NAME Bachman Gregg	
STREET ADDRESS 6125 COUNTRY ROAD 54		2.3 STREET ADDRESS 2740 Seven Springs Blvd.	
CITY-ST-ZIP NEW PORT RICHEY FL 34653		2.4 CITY-ST-ZIP New Port Richey, FL 34655	
TITLE	DELETED <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sherrie D. Teddy* (NOTE: Registered Agent signature required when reinstating) DATE: 02-07-97 (813) 372-0414

CR2E034 (9/96)