

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000071940 (6)

1. Corporation Name
VIRGO OPTICS, INC.

FILED
May 09 1997 8:00am
Secretary of State



Principal Place of Business
36426 US HIGHWAY 19 NORTH
OAKDALE PROFESSIONAL CENTER
PALM HARBOR FL 34684
325 Scarlet Blvd
Oldsmar, FL 34677

Mailing Address
36426 US HIGHWAY 19 NORTH
OAKDALE PROFESSIONAL CENTER
PALM HARBOR FL 34684-1330
325 Scarlet Blvd
Oldsmar, FL 34677

2. Principal Place of Business
21 325 Scarlet Blvd.
Suite, Apt. #, etc.
22
City & State
23 Oldsmar, FL
Zip 34677 Country USA
24

2a. Mailing Address
26 325 Scarlet Blvd.
Suite, Apt. #, etc.
27
City & State
28 Oldsmar, FL
Zip 34677 Country USA
29 30

3. Date Incorporated or Qualified
08/28/1996

3a. Date of Last Report

4. FEI Number
59-3401532

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
REESE, MICHAEL K
36426 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

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 D ☒ DELETE

NAME THOMAS, ROBERT A

STREET ADDRESS 36426 US HIGHWAY 19 NORTH

CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☒ DELETE

NAME D. Thomas, Robert A.

STREET ADDRESS 3116 Thonotosassa Dr.

CITY-ST-ZIP Clearwater, FL 34621

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 D/P ☒ Change ☐ Addition

1.2 NAME THOMAS, ROBERT A

1.3 STREET ADDRESS 325 Scarlet Blvd.

1.4 CITY-ST-ZIP Oldsmar, FL 34677

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 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.

CR2E034 (9/96)