Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

Zip Code

**FILED** 

03-16-1999 90151 022 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

NAVARRE FL 32566



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000049006

CARL H. SPEAR, O.D., P.A.						
Principal Place of Business 8485 NAVARRE PARKWAY SUITE 6	Mailing Address 8485 NAVARRE PARKWAY SUITE B	8485 NAVARRE PARKWAY				
NAVARRE FL 32566	ARRE FL 32566 NAVARRE FL 32566		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  06/04/1997			
2. Principal Place of Business 21 8485 Navara PKY	2a. Mailing Address			4. FEI Number 59-3458223		
Suite, Apt. #, etc. 22 Suite B	Suite, Apr. #, etc.	_		5. Certificate of Status Desired	<b>\$8.7</b> Fe	
City & State  23 NASACCE FL	City & State			6. Election Campaign Financing Trust Fund Contribution	<b>\$5.</b> Add	
Zip Country 24 3 2 566 25 VS A	Zip Country 29 30			This corporation owes the current year In Personal Property Tax.	tangible Yes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent	
SPEAR, CARL H 8485 NAVARRE PARKWAY SUITE B		81	Name Street Addre	ess (P.O. Box Number is Not Acceptable)		
I SUFFE D		83	,			

	10 11 000 000 000 000 000 000 000 000 0		time automita this statement for	the number of changing its	egistered				
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 Brate 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.									
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	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	~					
TITLE	<b>D</b> □ DELETE	1.1 TITLE		Change	☐ Addition				
NAME	SPEAR, CARL H	1.2 NAME							
STREET ADDRESS	8485 NAVARRE PKWY, STE B	1.3 STREET ADDRESS							
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP							
TITLE	☐ DELETE	2.1 TITLE	<b>†</b>	Change	Addition				
NAME		2.2 NAME	i .						
STREET ADDRESS		2.3 STREET ADDRESS			- [				
CITY-ST-ZIP		2. 4 CITY- ST- ZIP							
TITLE	☐ DELETE	3.1 TITLE		Change	Addition				
NAME		3.2 NAME			ľ				
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		Change	Addition				
NAME		4. 2 NAME			1				
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DÉLETE	5.1 TITLE		☐ Change	Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	DELETE	6.1 TITLE		Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS	4						
CITY-ST-ZIP		6.4 CITY-ST-ZIP		<del></del>					

84 City

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 by on a attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: