03161999-90137-045-$150.00-$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90137 045 ***150.00

DOCUMENT # P98000087278

1. Corporation Name
CPC OPTICS, INC.

Principal Place of Business	Mailing Address
2011 HUDSON ST. OLDSMAR FL 34242	2011 HUDSON ST OLDSMAR FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1998

4. FEI Number: 65-0886269 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4885 Post Pointe Drive (Suite, Apt. #, etc)	26 4885 Post Pointe Drive (Suite, Apt. #, etc)
22	27
City & State	City & State
23 SARASOTA, FL 34233 (Zip / Country)	28 SARASOTA, FL 34233 (Zip / Country)
24 34233 25 SARASOTA	29 34233 30 SARASOTA

9. Name and Address of Current Registered Agent

MONE, CONNIE
2011 HUDSON ST.
OLDSMAR FL 34242

10. Name and Address of New Registered Agent

81 Name: PHILIP GAUNTLETT
82 Street Address (P.O. Box Number is Not Acceptable): 4885 POST POINTE DRIVE
83
84 City: SARASOTA FL 85 Zip Code: 34233

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: Philip Gauntlett PHILIP GAUNTLETT 4.12.99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUNTLET, PHILIP 5502 SHADOW LAWN SARASOTA FL 34242	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	4885 Post Pointe Drive Sarasota, Fl 34233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D CHRISTOPHER BOHR 2011 HUDSON ST OLDSMAR, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D CHRISTOPHER MONE' 2601 Renatta Drive BELLAIRE BLUFFS, FL 33770	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Gauntlett 3-15-99 941-922-5364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #