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
2011 HUDSON ST.
OLDSMAR FL 34242

Mailing Address
2011 HUDSON ST
OLDSMAR FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1998

2. Principal Place of Business
21 4885 Post Pointe Drive
Suite, Apt. #, etc
22
City & State
23 SARASOTA, FL 34233
Zip 24 34233 Country 25 SARASOTA

2a. Mailing Address
26 4885 Post Pointe Drive
Suite, Apt. #, etc
27
City & State
28 SARASOTA, FL 34233
Zip 29 34233 Country 30 SARASOTA

4. FEI Number
65-0886269
☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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

TITLE	D	☐ DELETE
NAME	GAUNTLET, PHILIP	
STREET ADDRESS	5502 SHADOW LAWN	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	4885 Post Pointe Drive	
14 CITY-ST-ZIP	Sarasota, Fl 34233	
21 TITLE	D	☐ Change ☒ Addition
22 NAME	CHRISTOPHER BOHR	
23 STREET ADDRESS	2011 HUDSON ST	
24 CITY-ST-ZIP	OLDSMAR, FL 34242	
31 TITLE	D	☐ Change ☒ Addition
32 NAME	CHRISTOPHER MONE'	
33 STREET ADDRESS	2601 Renatta Drive	
34 CITY-ST-ZIP	BELLAIRE BLUFFS, FL 33770	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 #