02-25-1999 90017 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S53658 1. Corporation Name

LAKE CITY OPTICAL CO., INC.

Principal Place of Business

2. Principal Place of Business

1132 NW 76 BLVD SUITE B-3

GAINESVILLE FL 32606

Mailing Address

1132 NW 76 BLVD SUITE B-3

2a. Mailing Address

GAINESVILLE FL 32606



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

05/20/1991 4. FEI Number

21 42	19 U.S. HWY 90 WEST			NOT APPLICABLE	_ N	ot Applicable	
Suite, Apt.	#, etc. Suite, Apt. #, etc. 27			-		\$8.75 Additional Fee Required	
City & Stat				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 24 320	Country Zip	Country 30		This corporation owes the current Personal Property Tax.	year Intangible Yes	□No	
-11 020	9. Name and Address of Current Registered Agent			10. Name and Address of New Reg	istered Agent		
		81	Name				
FLATER, BRUCE T			82 Street Address (P.O. Box Number is Not Acceptable)				
7624 S.W. 18TH PLACE			Street Address (P.O. Box Nutriber is Not Acceptable)				
GAINESVILLE FL 32607							
					[,	
		1 1	City	n ting pa sagan na pagang agangga patan na atau agan, sa katapan ganat sa katapanggang na na di dayang terpang		Code	
744	to the provisions of Sections 607:0502 and 607, 1508, Florida Statute	or the above.	manad corp	paration submits this statement for the nu	roose of changing if	s registered	
office or r	to the provisions of Sections 607.0502 and our 1906, Florida Such change was a m familiar with, and accept the obligations of, Section 607.0505, Florida m familiar with, and accept the obligations of, Section 607.0505, Florida Such change was a m familiar with, and accept the obligations of, Section 607.0505, Florida Such change was a more considerable of the control of the cont	utnonzeo dy tr	ie corporatio	on's board of directors. hereby accept t	o objective to the second	egistered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent :	signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P DELETE	1.1 TITLE			☐ Change	Addition	
NAME	BRUCE T FLATER	1.2 NAME					
STREET ADDRESS	1132 NW 76 BLVD	13 STREET A	DDRESS				
CITY-ST-ZIP	GAINESVILLE FL	1,4 CITY-ST-	ZiP				
TITLE	☐ DELETE	2.1 TITLE	1		Change	Addition	
NAME		2.2 NAME			•		
STREET ADDRESS		2.3 STREET A	DORESS				
CITY-ST-ZIP		2. 4 CITY-ST-	ZIP				
TITLE	DELETE	3.1 TITLE			☐ Change	Addition	
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET A	DDRESS				
CITY-ST-ZIP		3.4. CITY- ST-	ZIP				
TITLE	DELETE	4.1 TITLE			☐ Change	Addition	
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET A	DORESS	-			
• • • • • • • • • • • • • • • • •		4.4 CITY-ST-			-		
CITY-ST-ZIP	DELETE	5.1 TITLE			☐ Change	Addition	
		5.2 NAME			. –		
NAME		5.3 STREET A	DDRESS				
STREET ADDRESS		5.4 CITY-ST-			2		
CITY-ST-ZIP		3.4 CHT-\$1	ᄺ		-		

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

☐ Change

☐ Addition