

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M59327

Entity Name: CLASSIC OPTICAL LABORATORIES, INC.**Current Principal Place of Business:**3710 BELMONT AVENUE
YOUNGSTOWN, OH 44505**Current Mailing Address:**EOA LEGAL
13555 N. STEMMONS FRWY
DALLAS, TX 75234**FEI Number:** 34-1395500**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	MOSCA, ETTORRE
Address	EOA LEGAL 13555 N. STEMMONS FRWY
City-State-Zip:	DALLAS TX 75234

Title	SECRETARY
Name	MILAN, DAVID
Address	EOA LEGAL 13555 N. STEMMONS FRWY
City-State-Zip:	DALLAS TX 75234

Title	PRESIDENT
Name	HARTZELL, MORGAN
Address	3710 BELMONT AVENUE
City-State-Zip:	YOUNGSTOWN OH 44505

Title	VP
Name	SEIWERT, DAN
Address	12 HARBOR PARK DRIVE
City-State-Zip:	PORT WASHINGTON NY 11050

Title	ASST. SECRETARY
Name	TULLOS, KATHERINE
Address	13555 N. STEMMONS FRWY
City-State-Zip:	DALLAS TX 75234

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID MILAN**SECRETARY****04/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date