SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002401 (7)

1. Corporation Name
E.A.R.S., INC.

Principal Place of Business	Mailing Address
5506 BAYSHORE ROAD PALMETTO FL 34221	5506 BAYSHORE ROAD PALMETTO FL 34221

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0486127 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 2043
Suite, Apt. #, etc. 22 2975 50th Ave W #17	Suite, Apt. #, etc. 27
City & State 23 Bradenton FL	City & State 28 Palmetto, FL
Zip / Country 24 34207 / 25 USA	Zip / Country 29 34220 / 30 USA

9. Name and Address of Current Registered Agent

AMBROSE, GEORGE E
5506 BAYSHORE ROAD
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name: Robert J Schulz
82 Street Address (P.O. Box Number is Not Acceptable): 2975 50th Ave W #17
83
84 City: Bradenton FL 85 Zip Code: 34207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] Robert J. Schulz 6/28/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMBROSE, GEORGE E 5506 BAYSHORE ROAD PALMETTO FL 34221	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KICKER, DAVID M 2722 7 ST WEST BRADENTON FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUKNIGHT, RICHARD 4708 28TH AV WEST BRADENTON FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TADOR, PATTI J 1635 82ND ST CT E PALMETTO FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RUDOLF, CYNTHIA A 327 51ST CT WEST PALMETTO FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	Schulz, Robert J	
1.3 STREET ADDRESS	2975 50th Ave W #17	
1.4 CITY-ST-ZIP	Bradenton, FL 34207	
2.1 TITLE	VP/D	☐ Change ☒ Addition
2.2 NAME	Gilman, David	
2.3 STREET ADDRESS	211 59th Ave Dr W.	
2.4 CITY-ST-ZIP	Bradenton FL 34270	
3.1 TITLE	S/D	☐ Change ☒ Addition
3.2 NAME	Benjamin, Virginia	
3.3 STREET ADDRESS	1206 21 Street E	
3.4 CITY-ST-ZIP	Bradenton FL 34208	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Ambrose, George E	
4.3 STREET ADDRESS	5306 US 41 N	
4.4 CITY-ST-ZIP	Palmetto, FL 34221	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Tador Patti J	
5.3 STREET ADDRESS	1635 82nd st Ct E	
5.4 CITY-ST-ZIP	Palmetto FL	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Rudolf Cynthia A	
6.3 STREET ADDRESS	327 51st Ct West	
6.4 CITY-ST-ZIP	Palmetto FL	

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Robert J. Schulz 6/28/96 941-751-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014331