AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 OCT 20 AM 10:22
SECRETARY OF STATE

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DOCUMENT # N94000002401 (7)

1. Corporation Name

E.A.R.S., INC.

Principal Place of Business	Mailing Address
2975 50TH AVENEU WEST SUITE 17 BRADENTON FL 34207 US	P.O. BOX 2043 PALMETTO FL 34220 US

3. Date Incorporated or Qualified: 05/09/1994

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5430 16th St E	26 P.O. Box 2441
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Bradenton, FL	28 City & State: Oneco, FL
24 Zip: 34203 25 Country:	29 Zip: 34264 30 Country:

9. Name and Address of Current Registered Agent

SCHULZ, ROBERT J.
2975 50TH AVENUE
SUITE 17
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	[redacted]	☐ Change ☒ Addition
NAME	STROUP, HELEN		1.2 NAME		
STREET ADDRESS	905 64TH ST W		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHULZ, ROBERT		2.2 NAME	Michael Wilkenson	
STREET ADDRESS	2975 50TH AVENUE W #17		2.3 STREET ADDRESS	2107 3rd St E	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	☒ DELETE	3.1 TITLE	[redacted]	☐ Change ☒ Addition
NAME	GILMAN, DAVID		3.2 NAME		
STREET ADDRESS	211 59TH AVE DR W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	CULBREATH, VIRGINIA		4.2 NAME	Terry Heglin	
STREET ADDRESS	1206 21ST ST E		4.3 STREET ADDRESS	213 33rd St W	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUKOR, PAUL		5.2 NAME	500002671725--1	
STREET ADDRESS	6428 WELLESLEY		5.3 STREET ADDRESS	-10/26/98--01003--012	
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] REQUIRED 10/13/98 941-357-183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #