

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 2/2/96: \$225 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000082659 (2)

1. Corporation Name

A DEAN SCHARN, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 2:34

Principal Place of Business

13472 WESTRENA DRIVE
LARGO FL 34641

Mailing Address

13472 WESTRENA DRIVE
LARGO FL 34641

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

08/08/1994

2. Principal Place of Business

21 2167 Lions Club 20

2a. Mailing Address

26 5167 Lions Club

4. FEI Number

59-3212927

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Clearwater
LARGO, FL

City & State

28 Clearwater
LARGO, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 34624

25 US

Zip

Country

29 34624

30 US

7. This corporation has liability for intangible tax under s. 199(1)(2)
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHARN, DEAN
13472 WESTRENA DR.
LARGO FL 34641

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 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP
NAME	PETERSON, RICK
STREET ADDRESS	13472 WESTRENA DR.
CITY - ST - ZIP	LARGO FL
TITLE	DS
NAME	BROWN, JASPER
STREET ADDRESS	13472 WESTRENA DR.
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	SCHARN, Dean	
1.3 STREET ADDRESS	13472 W. RENA DR	
1.4 CITY - ST - ZIP	LARGO, FL 34641	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	NORECK, Robert	
2.3 STREET ADDRESS	13472 W. RENA DR	
2.4 CITY - ST - ZIP	LARGO, FL 34641	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(b), 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 resolver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Printed)