

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748484 (3)

1. Corporation Name

SHARACONCEPT, INC.



Principal Place of Business

Mailing Address

701 DRIVER AVE.
WINTER PARK, FL 32789

701 DRIVER AVE
WINTER PARK, FL 32789

3. Date Incorporated or Qualified
08/10/1979

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1948996

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARNSEY, ROSALEE
701 DRIVER AVENUE
WINTER PARK FL 32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
HEDRICK, DAVID W.
STREET ADDRESS 390 N. ORANGE AVE.
CITY-STATE-ZIP ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P.D.
1.3 STREET ADDRESS David W. Hedrick
1.4 CITY-STATE-ZIP 135 W. Central Blvd Suite 1100
Orlando, FL 32801

TITLE ☐ DELETE

NAME DV
WALLACE, HARRY C.
STREET ADDRESS PO BOX 3700 N/A
CITY-STATE-ZIP DELAND FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DV
2.3 STREET ADDRESS Wallace, Harry C
2.4 CITY-STATE-ZIP 1350 Maxmillian St
Deltona, FL 32725

TITLE ☐ DELETE

NAME T
BROWN, RITA
STREET ADDRESS 5407 SPAATZ AVE
CITY-STATE-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME P
3.3 STREET ADDRESS Richard Barden
3.4 CITY-STATE-ZIP 907 Canton St
Orlando, FL 32803

TITLE ☐ DELETE

NAME S
GARNSEY, ROSALEE
STREET ADDRESS 2313 SHERBROOKE ROAD
CITY-STATE-ZIP WINTER PARK FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DV
4.3 STREET ADDRESS Betty Bennett
4.4 CITY-STATE-ZIP 818 W. Stetson St
Orlando, FL 32804

TITLE ☐ DELETE

NAME D
JONES, NORMA
STREET ADDRESS 758 ALTON AVE
CITY-STATE-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)