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PROFIT CORPORATION ANNUAL REPORT

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

FILED
00 SEP 25 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H48487 (3)

1. Corporation Name
SHEAR MADNESS, INC.

REINSTATEMENT 0800

Principal Place of Business	Mailing Address
3931 RIVERVIEW BLVD. BRADENTON FL 34209 US Delete	1800 SECOND STREET, SUITE 775 SARASOTA FL 34236-5900 Delete

3. Date Incorporated or Qualified: 03/22/1985
3a. Date of Last Report:
4. FEI Number: 59-2507436 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 530 1/2 old MAIN ST	26 530 1/2 old MAIN ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BRADENTON FL	28 City & State: BRADENTON, FL
24 Zip: 34205 25 Country: USA	29 Zip: 34205 30 Country: USA

8. Name and Address of Current Registered Agent

1800 SECOND ST
SUITE 775
SARASOTA FL 34236
Delete

10. Name and Address of New Registered Agent

81 Name: DAMIAN M. OZARK
82 Street Address (P.O. Box Number is Not Acceptable): 2808 MANATEE AVE W
83
84 City: BRADENTON FL 85 Zip Code: 34205

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: DAMIAN M. OZARK, Atty 9-15-00
(Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTI WOOD 3931 RIVERVIEW BLVD. BRADENTON FL ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Pres, Director Peggy CLINE 530 1/2 old MAIN ST BRADENTON ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V.P. Director JOHN D. LEHMAN 530 1/2 OLD MAIN ST BRADENTON FL 34205 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D, S, Ellie Perkins 530 1/2 old MAIN ST BRADENTON FL 34205 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D. Lehman, John D. Lehman Vice Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 9-18-00

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