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FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H56380

(9)

1. Corporation Name

JOHN SHARP ASSOCITES, INC.

Principal Place of Business

660 ISLAND WAY
APARTMENT 406
CLEARWATER FL 34630

Mailing Address

660 ISLAND WAY
APARTMENT 406
CLEARWATER FL 34630-1917

3. Date Incorporated or Qualified

05/10/1985

3a. Date of Last Report

03/19/1996

4. FEI Number

59-2552386

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

21 660 ISLAND WAY

22 Suite, Apt. #, etc.

22 APT 406

23 City & State

23 CLEARWATER, FL

24 Zip

24 34630

25 Country

25 USA

2a. Mailing Address

26 660 ISLAND WAY

27 Suite, Apt. #, etc.

27 APT #406

28 City & State

28 CLEARWATER, FL

29 Zip

29 34630

30 Country

30 USA

9. Name and Address of Current Registered Agent

SCHLEBEN, MARK
1002 DREW STREET
CLEARWATER FL

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 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 title if applicable.

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
SHARP, JOHN R. JR.
STREET ADDRESS 660 ISLAND WAY #406
CITY-ST-ZIP CLEARWATER BEACH FL

TITLE ☐ DELETE

NAME ST
SHARP, JANE
STREET ADDRESS 660 ISLAND WAY #406
CITY-ST-ZIP CLEARWATER BEACH FL

TITLE ☐ DELETE

NAME VP
SHARP, JOHN R. III
STREET ADDRESS 944 CLEVELAND AVE
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 P. Sharp III

4/16/97 8:13/412-2347

CR2E034 (9/96)