### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ' ANNUAL REPORT 1999



# FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H58306** 1. Corporation Name

SILVER SHEARS, INC.

# FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90018 026 \*\*\*150.00



Principal Place of Business Mailing Address					I (ABSOS) Dim milas (asam 1911s marso ars) at	9)1 8)811 818() B16() #(	BI1 B)B(1 1001
643 HELVENSTON ST.		643 HELVENSTON ST.	643 HELVENSTON ST.				
LIVE OAK FL 32060		LIVE OAK FL 32060		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	1110 01 7102	
		•			05/22/1985		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-2533776	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27			3. Certificate of Centre Double	Fee Rec	·
City & State		<b>⊢</b> ,	City & State		6. Election Campaign Financing	\$5.00	
23		28	Cou	ntn i	Trust Fund Contribution	Added to	5 Fees
Zip Country			Zip Country		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>		□No
24	9. Name and Address of Cu		וטו		10. Name and Address of New Register		
	5. Name and Address of Oc	The Itagiater ou Again		81 Name			
MCCOY, TERRY				00 04	Inches (D.O. Day Number in Not Accordable)		
RT.1, BOX 1109				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MCA			83				
				84 City		85 Zip C	`ode
•						FL	
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							
OIOIWI OILE	Signature, typed or printed name of registere		-	Agent signature requi			
12.		S AND DIRECTORS  DELETE	13.	n.e.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DP CDACE	DELETE	1.2 N				
NAME	MCCOY, GRACE RT.1, BOX 1109			REET ADDRESS			
STREET ADDRESS	MCALPIN FL			TY-ST-ZIP			}
CITY-ST-ZIP	DST	☐ DELETE	2.1 T		<del> </del>	☐ Change	Addition
NAME	MCCOY, TERRY		2.2 N				
STREET ADDRESS	RT.1, BOX 1109		2.3 \$7	REET ADDRESS			]
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STREET ADORESS			3.3 \$7	REET ADDRESS			
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TI	rle		Change	Addition
NAME -			4. 2 N	AME			
STREET ADDRESS			4.3 S	REET ADDRESS			
CITY-ST-ZIP			-	TY-ST-ZIP			- Addition
TITLE		☐ DELETE	5.1 TY			Change	Addition
NAME			5.2 N				
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP		□ NCI CTE	5.4 CI	TY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	6.2 N				☐ Addition
NAME			1	REET ADDRESS			}
STREET ADDRESS	na grafia. Tamana			TY-ST-ZIP			
CITY-ST-ZIP.	· •		0.4 0				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE