

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **H62243** (1)  
1. Corporation Name  
**EARL SHEAR, INC.**

Principal Place of Business  
**851 W STATE RD 436  
1017  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**856 W STATE RD 436  
1017  
ALTAMONTE SPRINGS FL 32714  
US**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>SUITE 1017</b>	26 Suite, Apt. #, etc. <b>SUITE 1017</b>
22 City & State <b>ALTAMONTE SPRINGS FL</b>	27 City & State <b>ALTAMONTE SPRINGS FL</b>
23 Zip <b>32714</b>	28 Zip <b>32714</b>
24 Country <b>US</b>	30 Country <b>US</b>

9. Name and Address of Current Registered Agent  
**LOWE, JEANNE A.  
206 SKYLOCH DR W  
DUNEDIN FL 34698**

3. Date Incorporated or Qualified <b>06/17/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2553958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD LOWE, JEANNE</b>
STREET ADDRESS	<b>206 SKYLOCH DR W</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD SHANK, R. J.</b>
STREET ADDRESS	<b>5836 LACOSTA DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD SHANK, GARY C.</b>
STREET ADDRESS	<b>5836 LACOSTA DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1927 GRAND ISLE CIRCLE #713A</b>
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1927 GRAND ISLE CIRCLE #713A</b>
3.4 CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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.

FILED

97 JUL 18 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)



2-2

*"Where Quality Counts"*

---

To Whom It May Concern,

Please be advised that I never received a first notice for this Annual Report, probably because the mailing address is wrong on the form.

Enclosed is our check in the amount of \$165.00 and the corrected report.

A handwritten signature in cursive script, appearing to read "R J Shank".

R J Shank

Earl-Shear Inc.  
Document # H62243  
7/14/97