

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

(2)

COMMERCIAL LONGLINERS, INC.



Mailing Address

C/O RICHARD H. SHEARER. SR.
1083 BENNETT RD.
FT. PIERCE FL 34947-4302

3a. Date of Last Report
02/14/1995

2a. Mailing Address

26 Sylvia Shearer
Suite, Apt. #, etc.

27 2307 Canoe Creek Ln
City & State

28	Don't Pierce, FL	
	Zip	Country

25 D.S.A

29 34981

30 12.5A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name
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Street Address (P.O. Box Number is Not Acceptable)

83

84	City
----	------

FL	85	Zip Code
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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, typed or printed name of registered agent and title are required.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

FILE
DP
DELETE

NAME	SHEARER, SYLVIA
STREET ADDRESS	1083 BENNETT RD.
CITY-STATE-ZIP	FT. PIERCE FL

FILE	DV
NAME	BLANKENBAKER, CAROL
STREET ADDRESS	1083 BENNETT RD.
CITY, ST, ZIP	FT. PIERCE FL

NAME	DST
NAME	COZINE, GLORIA JEAN
STREET ADDRESS	1083 BENNETT RD.
CITY-STATE ZIP	FT. PIERCE FL

FILE

NAME _____
STREET ADDRESS _____

CITY- ST- ZIP _____
TITLE _____ ☐ DELETE

NAME _____
SHEET ADDRESS _____

CR-517P

FILE ☐ DELETE

NAME: _____
State: _____ Address: _____

CITY-SI-ZIP	64 CITY-SI-ZIP
<p>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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.</p>	

SIGNATURE: *Sylvia J. Shearer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 461-3322

CR2E034 (12/95)