

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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90011 037 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J78604**

1. Corporation Name  
**COMMERCIAL LONGLINERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business % SYLVIA SHEARER 26 1/2 <del>WEST</del> CAUSEWAY DRIVE FT. PIERCE FL 34946 US	Mailing Address % SYLVIA SHEARER 2307 CANOE CREEK LANE FT. PIERCE FL 34981 US
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3. Date Incorporated or Qualified <b>06/19/1987</b>
4. FEI Number <b>59-2820353</b>
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SHEARER, SYLVIA J**  
~~1083 BENNETT RD.~~ **2307 Canoe Creek Ln**  
~~FT. PIERCE FL 34947~~ **34981**

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: *Carol Blankenbaker* DATE: **1/5/99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHEARER, SYLVIA	
STREET ADDRESS	<del>1083 BENNETT RD.</del>	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BLANKENBAKER, CAROL	
STREET ADDRESS	<del>1083 BENNETT RD.</del>	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	COZINE, GLORIA JEAN	
STREET ADDRESS	<del>1083 BENNETT RD.</del>	
CITY-ST-ZIP	FT. PIERCE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2307 Canoe Creek Lane</b>
1.4 CITY-ST-ZIP	<b>Ft. Pierce, FL 34981</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1054 - Pulitzer Rd</b>
2.4 CITY-ST-ZIP	<b>Ft. Pierce, FL 34945</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2307 Canoe Creek Lane</b>
3.4 CITY-ST-ZIP	<b>Ft. Pierce, FL 34981</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Carol Blankenbaker* DATE: **1/5/99** DAYTIME PHONE: **561-461-8079**

CR2E034 (11/98)