

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

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

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

DOCUMENT # J78604

1. Corporation Name

COMMERCIAL LONGLINERS, INC.

Principal Place of Business

% SYLVIA SHEARER  
26 1/2 WEST CAUSEWAY DRIVE  
FT. PIERCE FL 34946  
US

North

Mailing Address

% SYLVIA SHEARER  
2307 CANOE CREEK LANE  
FT. PIERCE FL 34981  
US

Creek

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1987

4. FEI Number

59-2820353

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐ 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 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEARER, SYLVIA J

1083 BENNETT RD. 2307 Canoe Creek Ln  
FT. PIERCE FL 34947 34981

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 Benhedia

1/5/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2307 Canoe Creek Lane  
1.4 CITY-ST-ZIP Ft. Pierce, FL 34981

TITLE DV ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1054 - Pulitzer Rd  
2.4 CITY-ST-ZIP Ft. Pierce, FL 34945

TITLE DST ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2307 Canoe Creek Lane  
3.4 CITY-ST-ZIP Ft. Pierce, FL 34981

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 BENHEDIA

1/5/99

561-461-8077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)