

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L22315 (0)

1. Corporation Name

MEARS SPECIAL SERVICES, INC.



Principal Place of Business

Mailing Address

**324 W. GORE ST
ORLANDO FL 32806
US**

**% SWANN AND ASSOCIATES, P.A.
1031 W. MORSE BLVD SUITE 270
WINTER PARK FL 32789
US**

3. Date Incorporated or Qualified
10/11/1989

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P/O Swann, Hadley & Alvarez**

4. FEI Number
59-3017482

Applied For
Not Applicable

22 City & State

27 **1031 W. MORSE Blvd.; Ste. 270**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 **Winter Park, FL 32789**

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29 **32789**

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWANN AND ASSOCIATES, P.A.
1031 W. MORSE BLVD
SUITE 270
WINTER PARK FL 32789**

81 Name
Swann, Hadley & Alvarez, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
1031 West Morse Blvd.; Suite 270

83

84 City
Winter Park,

FL

85 Zip Code
32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 provisions of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent or director)

(NOTE: Registered Agent signature required when re-registering)

DATE

1-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEARS, PAUL S., JR.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEARCY, ROBERT A.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEARS, JONATHAN P.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEARS, JAMES L.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DCOB	<input type="checkbox"/> DELETE
NAME	MEARS, PAUL S., SR.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CARNS, CHARLES E., JR.	
STREET ADDRESS	324 W. GORE ST.	
CITY-ST-ZIP	ORLANDO FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

**400001733184
-03/05/96--01120--008
***200.00**

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.

SIGNATURE:

Charles E. Carns, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
Date

422-4561
Daytime Phone #

CR2E034 (12/95)