

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

DOCUMENT # L22315

1. Corporation Name
MEARS SPECIAL SERVICES, INC.

Principal Place of Business

324 W. GORE ST
ORLANDO FL 32806
US

Mailing Address

% SWANN, HADLEY & ALVAREZ, P.A.
1031 W. MORSE BLVD SUITE 270
WINTER PARK FL 32789
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90083 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1989

4. FEI Number

59-3017482

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANN, HADLEY & ALVAREZ, P.A.
1031 W. MORSE BLVD
SUITE 270
WINTER PARK FL 32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME T
CARNES, CHARLES E. J.
STREET ADDRESS 324 W GORE ST
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P
Mears, Paul S., Jr.
1.3 STREET ADDRESS 324 W. Gore St.
1.4 CITY-ST-ZIP Orlando, FL 32806

V ☐ DELETE

NAME SEARCY, ROBERT A.
STREET ADDRESS 324 W GORE ST
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DV ☐ DELETE

NAME MEARS, JONATHAN P.
STREET ADDRESS 324 W GORE ST
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DV ☐ DELETE

NAME MEARS, JAMES L.
STREET ADDRESS 324 W GORE ST
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DCOB ☐ DELETE

NAME MEARS, PAUL S., SR.
STREET ADDRESS 324 W GORE ST
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

S ☐ DELETE

NAME BAKER, TIMOTHY L
STREET ADDRESS 324 W GORE ST
CITY-ST-ZIP ORLANDO FL

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:

Timothy Baker Timothy Baker Sec.

2/23/99

407 422-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)