FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JAN 25 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L56091 (6)

1. Corporation Name
SHIRER & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
14521-G WALSINGHAM ROAD LARGO FL 34644-3342	14521-G WALSINGHAM ROAD LARGO FL 34644-3342

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/06/1990
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21: 6801 DIANA CT
22 Suite, Apt. #, etc.:
23 City & State: TAMPA, FL
24 Zip: 33610
25 Country:

2a. Mailing Address
26: 6801 DIANA CT.
27 Suite, Apt. #, etc.:
28 City & State: TAMPA, FL
29 Zip: 33610
30 Country:

4. FEI Number: 59-2996788 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEAR, JOE T., JR.
14521 WALSINGHAM ROAD
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6801 DIANA CT.
83:
84 City: TAMPA FL 85 Zip Code: 33610

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 _____ 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	PS	1.1 TITLE		☑ Change ☐ Addition
NAME	WEAR, JOE T.	1.2 NAME		
STREET ADDRESS	14521 WALSINGHAM ROAD	1.3 STREET ADDRESS	6801 DIANA CT	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	V	2.1 TITLE		☑ Change ☐ Addition
NAME	SHIRER, ANNE	2.2 NAME		
STREET ADDRESS	14521 WALSINGHAM ROAD	2.3 STREET ADDRESS	6801 DIANA CT	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	T	3.1 TITLE		☑ Change ☐ Addition
NAME	SHIRER, ROBERT L.	3.2 NAME		
STREET ADDRESS	14521 WALSINGHAM ROAD	3.3 STREET ADDRESS	6801 DIANA CT	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

$87 1/30

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)(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.

SIGNATURE: Joe T. Wear Jr. 1-19-95 (813) 231-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0450778 FP