STREET ADDRESS

SIGNATURE:

CITY+ST-ZIP

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** L56091 (6) SHIRER & ASSOCIATES OF FLORIDA, INC. Principal Place of Business Mailing Address 1367 OAKFIELD DR **POBOX 2657** BRANDON FL 33511 BRANDON FL 33509 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1990 4. FEI Number Applied For 2a. Mailing Address 59-2996788 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 12 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Yaratec Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name WEAR, JOE T JR 1367 OAKFIELD DR Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33509** 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 agent of portal agriculture of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent of a practical agriculture obligations of Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) orio et registered agrist projette il applica OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE ☐ Addition TITLE WEAR, JOE T. JR. NAME WEAR, JOE T. JR 1.2 NAME Suite B 1301 10th st. East 1367 OAKFIELDDR 1.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** Palmetto Fr 34221 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME SHIRER, ROBERT L 2.2 NAME STREET ADDRESS 14521 WALSINGHAM ROAD 2.3 STREET ADDRESS CITY-ST-ZIP LARGO FL 33610 2 4 CITY-ST-7IP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 51 TITLE ___ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 it entanged, or on an attachment with an address.