

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
CORPORATIONS

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APR 20 AM 11:32

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L9500000936**

**SHEARER CONTROLS, FLORIDA L.L.C.**  
486 GARRETT ROAD  
SCENERY HILL PA 15360

94-AR/LWS  
CM

1a. Principal Place of Business Address

4370 S. TAMIAMI TRAIL  
SUITE 160  
SARASOTA FL 34231

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc

Suite, Apt. #, etc.

12/04/1995

FL

City & State

City & State

4. FEI Number

59-3374902

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

04/21/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

**MATTESON, LARRY E**  
4370 S. TAMIAMI TRAIL  
SUITE 160  
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc

City

~~688002858806~~

~~04/30/98~~ 01104-017

\*\*\*\*197.50\*\*\*\*197.50

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

**SHEARER, BRADFORD D**

621 THOMAS ROAD

EIGHTY FOUR PA

11 I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:

*Bradford D. Shearer*  
Bradford D. Shearer 4-12-99 (724) 945-6111