

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000023236 (1)

1. Corporation Name

SHEAR MAGIC OF CLERMONT, INC.



Principal Place of Business

989 WEST KENNEDY BLVD.
STE. 203
ORLANDO FL 32810

Mailing Address

989 WEST KENNEDY BLVD.
STE. 203
ORLANDO FL 32810

2. Principal Place of Business

21 1440 BOWMAN ST.
Suite, Apt. #, etc.

22 City & State
23 CLERMONT, FL

24 Zip 34711

25 Country LAKE

2a. Mailing Address

26 1440 BOWMAN ST.
Suite, Apt. #, etc.

27 City & State
28 CLERMONT, FL

29 Zip 34711

30 Country LAKE

3. Date Incorporated or Qualified
03/26/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

NOT APPLICABLE

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

BROWN, CAROLE A
989 WEST KENNEDY BLVD.
STE. 203
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

SAM PERSON

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

1440 BOWMAN ST.

83

84 City

CLERMONT

FL

85 Zip Code
34711

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BROWN, CAROLE A
STREET ADDRESS 1440 BOWMAN STREET
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ DELETE
NAME BURDETTE, ANN M
STREET ADDRESS 260 DISSTON AVENUE
CITY-ST-ZIP CLERMONT FL 32711

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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05/02/96--01013--007

***200.00

5-1-96

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 Carole Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

(352) 394-8114

Daytime Phone #

CR2E034 (12/95)