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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000049661 (0)**

1. Corporation Name

SHEERS OF CHARLOTTE COUNTY, INC.



Principal Place of Business

**1493 KOLENDA
PORT CHARLOTTE FL 33952**

Mailing Address

**1493 KOLENDA
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**BAXENDALE, IRENE
1493 KOLENDA
PORT CHARLOTTE FL 33952**

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 the corporation

Signature, typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BAXENDALE, IRENE	
STREET ADDRESS	1493 KOLENDA	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	☐ DELETE
NAME	BAXENDALE, THOMAS	
STREET ADDRESS	1493 KOLENDA	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	☐ DELETE
NAME	INABNITT, RACHAEL	
STREET ADDRESS	1493 KOLENDA	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	☐ DELETE
NAME	BAXENDALE, JUNE	
STREET ADDRESS	163 CONCORD DR	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 June 96 941-625-3323
D.C. Daytime Phone

CR2E034 (12/95)