## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P93000086526 (9)

THE DILL	CHEDED CODDODATION	

THE BILL SHERER CORPORATION Principal Place of Business Mailing Address P.O. BOX 5184 3350 SW 54TH COURT OCALA FL 34474 OCALA FL 34478 3a. Date of Last Report 3. Date Incorporated or Qualified 01/01/1994 09/25/1995 Applied For 2a. Mailing Address 4. FEI Numbe 2. Principal Place of Business 59.3225592 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Zιρ Zip Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHERER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 82 3350 SW 54TH COURT OCALA FL 34474 83 Zip Code 85 64 City 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. Thereby accept the appointment as registered agent. Lam lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature requires when releasing) DATE SIGNATURE Signative typed or profed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME NAME SHERER, WILLIAM J 1.3 SEREET ADDRESS 3350 SW 54TH COURT STREET ADDRESS 1.4 City - ST - ZIP **OCALA FL 34474** DITY-ST ZIP Change Addition DELETE 2.1 TUTLE TITLE ST 2.2 NAME SHERER, JUDY NAME 2.3 STREET ADDRESS 3350 SW 54TH COURT STREET ADDRESS **OCALA FL 34474** 2 4 CITY - ST - Z/P CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY - ST-ZIP Addition Change DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - Z-P CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZiP DITY-ST-7IP Change Addition DELETE 61 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CHTY - ST- ZIP

SIGNATURE:

CITY - S1 - 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 1 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed open an attachment with an address. THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR