

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000050258 (0)

1. Corporation Name

ANNE D BEARE, INC.

**APPROVED
AND
FILED**

95 APR 24 AM 10:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**188 LEE ROAD, WEST
MELBOURNE FL 32904**

Mailing Address

**188 LEE ROAD, WEST
MELBOURNE FL 32904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

NOT APPLICABLE

2. Principal Place of Business

21 765 PINETREE DRIVE

2a. Mailing Address

26 188 LEE ROAD

4. FEI Number

59-3251197

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 INDIAN HARBOUR BEACH

City & State

28 W. MELBOURNE

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 32937

25 BREVARD

Zip

Country

29 32904

30 BREVARD

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ANDERSON, EARL R
188 LEE ROAD, WEST
MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ANDERSON, EARL R**
STREET ADDRESS **188 LEE ROAD, WEST**
CITY - ST - ZIP **MELBOURNE FL 32904**

TITLE **D**
NAME **ANDERSON, JULIA H**
STREET ADDRESS **188 LEE ROAD, WEST**
CITY - ST - ZIP **MELBOURNE FL 32904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julia H. Anderson* JULIA H. ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95

Date

(407) 951-3818

Telephone Number