

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000050258 (0)

1. Corporation Name

ANNE D BEARE, INC.

Principal Place of Business

Mailing Address

JUMPING FLEA  
2507 N COCOA BLVD.  
COCOA FL 32922  
US

188 LEE ROAD  
WEST MELBOURNE FL 32904  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1994

4. FEI Number

59-3251197

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

21. Principal Place of Business

115 City Park Circle

Suite, Apt. #, etc.

22

City & State

Hattiesburg, MS

Zip

39401

Country

USA

26. Mailing Address

115 City Park Circle

Suite, Apt. #, etc.

27

City & State

Hattiesburg, MS

Zip

39401

Country

USA

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

Lynne R. Thompson, P.A., Attorney at Law

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

529 E. New Haven Avenue

83

84

City  
Melbourne

FL

85 Zip Code  
32901

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 reinstating)

DATE

2-27-98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ANDERSON, JULIA H  
188 LEE ROAD, WEST  
MELBOURNE FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

115 City Park Circle  
Hattiesburg, MS 39401

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

115 City Park Circle  
Hattiesburg, MS 39401

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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:

M. J. Palmer, President JULIA H ANDERSON 2-09-98 601-545-7698

CR2E034 (10/97)