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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Contains of State

1999		DIVISION OF CORPORATIONS
DOCUMENT # PO 1. Corporation Name SHIRL-DEAN, INC.	94000052	503
Principal Place of Business	Mailir	ng Address
9705 BUD STREET HUDSON FL 34669		BUD STREET ON FL 34669

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90080 023 \*\*\*150.00

Principal Place of Business   Mailing Address   Short Bull STREET   HUDSON R. 34689   Short Bull STREET   HUDSON R. 34689   Short Bull STREET   HUDSON R. 34689   Short Bull STREET   Short Bull STREET ANDRESS   Short Bull STREET   Short Bull STREET ANDRESS   Short Bull STREET AN			
9705 BUD STREET HUDSON R. 34689  2. Principal Place of Business _ 2e, Mailing Address	Principal Place of Business Mailing Address		-  1,001,001,110,151,4,010,11,401,4,01,4,01
HUDSON FL 34689  HUDSON FL 34689  A Piningpal Place of Business _ 2a, Mailing Address	•		
2. Principal Place of Business			
OP/13/1994   Place of Business   2s, Mailing Address   4. FE! Number   59.3254112   Not Applicable			DO NOT WRITE IN THIS SPACE
2. Principal Place of Business   2a, Maling Address   4. FEI Number   25   Not Applicable			· ·
Suite. Apt. #, etc. 27	2. Principal Place of Business 2a. Mailing Address		4. FEI Number Applied For
City & State	21 26		
City & State   City & Country   Zip   State   Zip			
Zip   Country   Zip   Country   Zip   Country   R. This Corporation were rurner typer Intamplable   Personal Property Tax.   Jee   No   Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of New Registered Agent   22   Street Address (P.O. Box Number is Not Acceptable)   31   Name   22   Street Address (P.O. Box Number is Not Acceptable)   23   Street Address (P.O. Box Number is Not Acceptable)   24   City   FL   85   Zip Code   24   City   FL   85   Zip Code   25   City Code   25   C			1 ee Required
Zip	·		1 ' ' '
28   29   39   Personal Property Tax.   1/6   No.		ountry	
P. Name and Address of Current Registered Agent  CROWDER, SHIRLEY D 9705 BUD STREET HUDSON FL 34669  82 Street Address (P.O. Box Number is Not Acceptable)  83 Address of P.O. Box Number is Not Acceptable)  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 agent. are maintain with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. are maintain with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Typed or primary name of registered agent agent are maintain with, and accept the obligations of, Section 607.0505, Florida Statutes.  POTE Registered Agent agents recurred when remaining.  ITILE  P CROWDER, SHIRLEY D.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  GTY-ST-ZP  TITLE  P CROWDER, BOBBY D.  STREET ADDRESS  GTY-ST-ZP  TITLE  P CROWDER, SHIRLEY D.  DELETE  31 TITLE  CROWDER, SHIRLEY D.  22. STREET ADDRESS  3. STREET ADDRESS  3. STREET ADDRESS  3. STREET ADDRESS  3. STREET ADDRESS  4. STREET ADDRESS  4. STREET ADDRESS  GTY-ST-ZP  TITLE  CROWDER, SHORE ST.  STREET ADDRESS  GTY-ST-ZP  STREET ADDRESS  STREET ADD		ountry	
Street Address (P.O. Box Number is Not Acceptable)   Recommendation   Re			1 01001127 1 10 10 11 11 11 11 11 11 11 11 11 11 1
9705 BUD STREET HUDSON FL 34669  82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City	7. Haine and Address of Current Neglatered Agent	81 Name	Totalio dila viana di la compania di
9705 BUD STREET HUDSON FL 34669  82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City	CROWDER, SHIRLEY D		
### Pick   B4   City	9705 BUD STREET	82 Street Addre	ss (P.O. Box Number is Not Acceptable)
TIL. 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	HUDSON FL 34669	83	and the state of t
TIL. 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE			
11. Pursuant to the provisions of Sections 607 (502) and 607 (502) and 607 (503). Florida Statutes. The above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607 (505), Florida Statutes.    SIGNATURE		84 City	F1 85 Zip Code
TITLE	office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St SIGNATURE	ted by the corporation atutes.	n's board of directors. I hereby accept the appointment as registered
NAME   CROWDER, SHIRLEY D.   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   15 CITY-ST-ZIP   15 CITY-ST-ZIP   15 CITY-ST-ZIP   16 CITY-ST-ZIP   17 CITY-ST-ZI	12. OFFICERS AND DIRECTORS 1:	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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6.4 CITY-ST-ZIP 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, with all other like empowered.

**SIGNATURE:**