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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400088992 (0)

BOB SHEARER INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

1410 N. THIRD STREET JACKSONVILLE BEACH FL 32250 1410 N. THIRD STREET
JACKSONVILLE BEACH FL 32250-7350

FILED Feb 03 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Report 12/08/1994 07/03/1996				
2. Principal Pl	lace of Business	2a. Mailing Addre	oss			4. FEI Number			Appli	ed For
21		26				59-3282170			Not A	pplicable
Suite, Apt. :	#, etc	Suite, Apt. #.	etc.			5. Certificate of Status Desired			75 Add	
22		27			<u> </u>	To bottonouto of blatto botto		Fe	e Requ	ired
City & State	3	City & State				Election Campaign Financing			00 Ma	
23		28				Trust Fund Contribution		Add	ded to f	ees
Zip	Country	Zip		Country		8. This corporation has liability for it			er s . 19	9.032
24	25	29	30				Yes 🗀			
	9. Name and Address of Curren	it Registered Agent			A L	10. Name and Address of New Re	alstered A	gent		
SHEARER, ROBERT L JR 1410 N. THIRD STREET JACKSONVILLE BEACH FL 32250				81 Name						
				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
				84	City			85	Zip Cod	de
							FL			
agent Lai SiGNATURE	egistored agent, or both, in the State in familiar with, and accept the obligation Signature, typical or pointed name of registered age	ations of, Section 607.0	0505, Florida	Statutes	3.	poration submits this statement for the p ation's board of directors. I hereby accep wired when reinstating)	ot the appo	intměn	t as reg	gistered
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS	N 12
TITLE	D	☐ DE	LETE	1.1 TITLE				Char	nge	Addition
NAME	SHEARER, ROBERT L JR			1.2 NAME						
SIREFT ADDRESS	733 E. PALMERA DR.			1.3 STREET	ADDRESS					
City-St ZiF	PONTE VEDRA BEACH FL 3:	2082		1.4 CITY - S						
TITLE	D	DE	LETE	2.1 TITLE				Char	nge	Addition
NAME	SHEARER, CAROL ANN	_		2.2 NAMÉ				_		_
STREET ADDRESS	733 E. PALMERA DR.			2.3 STREET	ADDRESS					
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3	2082	- 1	2. 4 CITY-						
TiTLE		DE		3.1 TITLE	91 - Tik				200	Addition
NAME								Char		
STREET ADDRESS				3.2 NAME				Chai	iigo t	
- SINECEMBURGO E				32 NAME	annoree :			☐ Cha	iige t	
				3 3 STREET				☐ Cha	ngo 1	
CITY-S1-7#		□ DF		3.3 STREET 3.4. CITY-1						Addition
CITY-S1-78* THEF		□ DE	LETE	3 3 STREET 3 4. CITY-: 4 1 TITLE	ST-ZIP			☐ Chai		Addition
DITY-S1-78* THUF NAME		□ DE	ŁĘTĘ	3 3 STREET 3 4. City - : 4 1 Title 4 2 NAME	ST-ZIP					Addition
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CITY-S1-Z# THLF NAME STREET ADDRESS CITY-S1-ZIP			LETE	3 3 STREET 3 4, CITY-1 4 1 TITLE 4 2 NAME 4 3 STREET 4 4 CITY-5	ST-ZIP ADDRESS			☐ Char	nge [
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- For nevery certary that the information supplied whit this many does not quality for the exemption stated in Section 119.0/(3)(i), Pronda Statutes. Finding 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 or an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F 27-97

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