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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088992 1. Corporation Name

BOB SHEARER INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address 140 N. TRRD STREET 1								
ACKSONVILLE BEACH FL 32250 JACKSONVILLE BEAC	Principal Place	of Business	Mailing /	Address			* 142(122) 110 1211 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2	
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Suite, Apt. 4, etc. Suite, Ap	2 Principal P	lace of Business	2a Maili	na Address				For
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City & State	Suite, Apt.	#. etc.		, Apt. #, etc.			\$8.75 Additi	onal
City & State			27				5. Certificate of Status Desired Fee Require	/d
Zip Country Zip		e		& State			6. Election Campaign Financing S5.00 May	Ве
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name SHEARER, ROBERT L JR 11410 N. THIRD STREET JACKSONVILLE BEACH FL 32250 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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. The purpose of changing its registered agent. The purpose of changin	23		28				Trust Fund Contribution Added to Fee	es
9. Name and Address of Current Registered Agent SHEARER, ROBERT L JR 1410 N. THIRD STREET JACKSONVILLE BEACH FL 32250 82 Street Address (P.O. Box Number is Not Acceptable) 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, 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, Type of printing agent and the inspiration of the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. INCITE Registered Agent INCITE Registered Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE D	Zip	Country	Zip		ountry			
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1410 N. THIRD STREET JACKSONVILLE BEACH FL 32250 82 STREET ADDRESS R4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids 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, Florids Statutes. SIGNATURE Signature, typed or premied name of registered agent and title if applicable. (NOTE Registered Agent signature recoined when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE D SHEARER, ROBERT L JR SHEARER, ROBERT L JR SHEARER, ROBERT L JR 13 STREET ADDRESS CITY-ST-ZP PONTE VEDRA BEACH FL 32082 14 CITY-ST-ZP 15 TITLE D Change Add Add CITY-ST-ZP Change Add Add CITY-ST-ZP TITLE DELETE 13 TITLE DELETE 13 TITLE DELETE 14 TITLE DELETE 33 TITLE DELETE 33 TITLE Change Add Add CITY-ST-ZP Change Add Add CITY-ST-ZP TITLE Change Add Add CITY-ST-ZP TITLE Change Add Add CITY-ST-ZP Change Add Add CITY-ST-ZP TITLE Change Add Add CITY-ST-ZP TITLE DELETE 34 TITLE Change Add Add CITY-ST-ZP TITLE Change	OUE	ADED DADEOT LID			81	Name		
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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.

6.4 CMY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90066 029 ***150.00