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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061349 (2)

CALIO & SHEARN, INC.

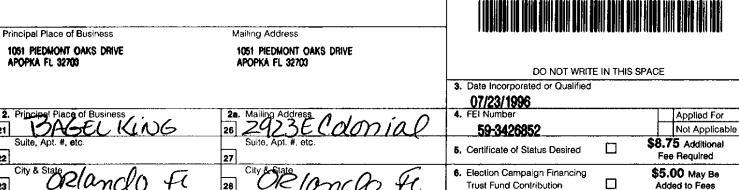
22

23

24

APOPKA FL 32703

FILED Mar 05 1998 8:00am Secretary of State



Name and Address of Current Registered Ager CALIO, DENISE J 1051 PIEDMONT OAKS DRIVE APOPKA FL 32703

	Personal Property Tax due June 30.	Yes	☐ No							
10. Name and Address of New Registered Agent										
31	Name									
32	Street Address (P.O. Box Number is Not Acceptable)		-							
33										

This corporation owes or has paid the current year Intangible

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 glid accept the obligators of, Section 607.0505, Florida Statutes.

City

SIGNATURE	t Mill			2119191
	Signature, typed or printed name of registered agent and title		Registered Agent signature requi	
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	Calio, Denise		1.2 NAME	
STREET ADDRESS	1051 PIEDMONT OAKS DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-\$1-ZiP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CALIO, CHRISTOPHER		2.2 NAME	
STREET ADDRESS	1051 PIEDMONT OAKS DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		2. 4 CITY-ST-ZIP	
TITLE	D"	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHEARN, GREGORY		3.2 NAME	
STREET ADORESS	1051 PIEDMONT OAKS DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		3.4. CITY+ST-ZIP	
TITLE	D	☐ DELET E	4.1 TITLE	☐ Change ☐ Addition
NAME	SHEARN, JEFFREY		4. 2 NAME	
STREET ADDRESS	1051 PIEDMONT OAKS DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 change it, or on an attachment with an address.