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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000003008 (4)

1. Corporation Name

ELECTRIC SHAVER SERVICE OF PINELLAS, INC.



Principal Place of Business

~~8202-120 WAY NORTH  
SEMINOLE FL 33772~~

Mailing Address

~~8202-120 WAY NORTH  
SEMINOLE FL 33772~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6835 4<sup>th</sup> STREET N

Suite, Apt. #, etc.

22 ST PETERSBURG FL

23 33702

24 PINELLAS

2a. Mailing Address

26 14529 ANCHORAGE CIRCLE

Suite, Apt. #, etc.

27 SEMINOLE FL

28 33776

29 PINELLAS

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-3418109

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

9. Name and Address of Current Registered Agent

SCHAFER, WALTER L JR  
2430 ESTANCIA BLVD STE 108  
CLEARWATER FL 34624-2007

10. Name and Address of New Registered Agent

81 Name SCHAFER, MARK  
82 Street Address (P.O. Box Number is Not Acceptable) 14529 ANCHORAGE CIRCLE  
83  
84 City SEMINOLE FL 85 Zip Code 33776

11. Pursuant to the provisions of Sections 607.0702 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

*Mark A Schaner*  
Signature, typed or printed name of registered agent and date if applicable.

MARK A SCHAFER PRB

4-29-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MCCARTY, HELEN A  
STREET ADDRESS 8202-120 WAY NORTH  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☐ DELETE

NAME EPTING, JAMES F  
STREET ADDRESS RR 2 BOX 287  
CITY-ST-ZIP RUTLEDGE TN 37861

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

12 NAME SCHAFER, MARK  
13 STREET ADDRESS 14529 ANCHORAGE CIRCLE  
14 CITY-ST-ZIP SEMINOLE FL 33776

2.1 TITLE JAMES EPTING ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 1234 10th ST N  
24 CITY-ST-ZIP St Pete, FL 33705

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
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 changed, or on an attachment with an address.

SIGNATURE

*Mark A Schaner*

4-29-98 8/33977932

CR2E034 (10/97)