

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029672

1. Corporation Name

SHEARER SERVICES, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2601 SANFORD AVE, SANFORD, FL 32773

MARCH 30, 1998

2. Principal Place of Business

2a. Mailing Address

21 2601 SANFORD AVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59 3499709

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes.☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDRA SCOTT  
91 LAKE DRIVE  
DEBARY, FL 32713

81 Name

HANS E. SHEARER

82 Street Address (P.O. Box Number is Not Acceptable)

2601 SANFORD AVE

83

84 City

SANFORD

FL

85 Zip Code

32773

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE HANS E. SHEARER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 12/20/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☒ DELETE  
NAME SANDRA SCOTT  
STREET ADDRESS 91 LAKE DR  
CITY-ST-ZIP DEBARY, FL 32713

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PRESIDENT = P ☒ Change ☐ Addition  
1.2 NAME HANS E. SHEARER  
1.3 STREET ADDRESS 2601 SANFORD AVE  
1.4 CITY-ST-ZIP SANFORD, FL 32773

2.1 TITLE SECRETARY = S ☐ Change ☒ Addition  
2.2 NAME SANDRA SCOTT  
2.3 STREET ADDRESS 2601 SANFORD AVE  
2.4 CITY-ST-ZIP SANFORD, FL 32773

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 700003088207--3  
3.4 CITY-ST-ZIP -01/05/00--01007--011

4.1 TITLE \*\*\*\*\*61.25 \*\*\*\*\*61.25  
4.2 NAME  
4.3 STREET ADDRESS 700003088207--3  
4.4 CITY-ST-ZIP -01/05/00--01007--012

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS \*\*\*\*\*8.75 \*\*\*\*\*8.75  
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, with all other like empowered.

SIGNATURE: HANS E. SHEARER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 12/20/99

407-302-1123

Daytime Phone #