

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S05057 (2)

1. Corporation Name

BOB SHARP, INC.



Principal Place of Business

1852 CANOVA ST. S.E.
PALM BAY FL 32909
US

Mailing Address

P.O. BOX 100050
PALM BAY FL 32910-0050
US

3. Date Incorporated or Qualified

10/04/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 138 SW 52ND ST.

26 P.O. Box 150042

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3043242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State
23 CAPE CORAL, FLA

27 City & State
28 CAPE CORAL, FLA.

24 Zip 33914 25 Country USA

29 Zip 33915 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAY, SHIRLEY J.
328 HURST ROAD, N.E.
PALM BAY FL 32907

81 Name FAY, SHIRLEY J.

82 Street Address (P.O. Box Number is Not Acceptable)
138 SW 52ND ST.

83

84 City CAPE CORAL FL 85 Zip Code 33914

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME FAY, SHIRLEY J.
STREET ADDRESS 328 HURST ROAD
CITY-ST-ZIP PALM BAY FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 138 SW 52ND ST.
1.4 CITY-ST-ZIP CAPE CORAL, FLA 33914

TITLE VS ☐ DELETE

NAME SHARP, ROBERT R.
STREET ADDRESS 328 HURST ROAD
CITY-ST-ZIP PALM BAY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 138 SW 52ND ST
2.4 CITY-ST-ZIP CAPE CORAL, FLA 33914

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ROBERT R SHARP

4-27-96 941 945 6638

Date

Daytime Phone #

CR2E034 (12/95)