

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Montagna
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

05 MAY - 1 11:37

DOCUMENT # **513953**

(0)

1. Corporation Name
SHEA CONSTRUCTION, INC.

REC'D DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2371 PINWOOD LANE WEST PALM BEACH FL 33415-7329**
Mailing Address: **2371 PINWOOD LANE WEST PALM BEACH FL 33415-7329**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created 10/05/1976		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-1691395		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHEA, DENNIS H. 2371 PINWOOD LANE WEST PALM BEACH FL 33415				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				85. State FL		86. Zip Code	

11. Pursuant to the provisions of Sections 897.01(4)(c) and 897.10(9), Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 897.03(4), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME PD SHEA, DENNIS H. 2371 PINWOOD LANE WEST PALM BEACH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME SD SHEA, TIFFINY L. 2371 PINWOOD LANE WEST PALM BEACH FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME TD PIERUCKI, DEBRA L. 277 WOODLANDS RD PALM SPRINGS FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct and, for the corporation stated in Section 11(1)(1)(b), Florida Statutes, I further certify that the information included in this filing is true and accurate and that my signature shall have the same legal effect and make void any certificate that contains an officer or director of the corporation or the registered office or registered agent for use in this report as required by Chapter 101, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as a change, addition or deletion.

SIGNATURE: *Duffing L. Shea / Tiffany L. Shea* **4/26/95** **(407) 967-2207**
PRINTED AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR