

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 18 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L47725 (1)

1. Corporation Name

SHOCKLEY & SONS DECORATING CO.

Principal Place of Business

800 SOUTH GOLF DRIVE #10
522 94TH AVENUE NORTH
NAPLES FL 33940
US

Mailing Address

800 SOUTH GOLF DRIVE
10
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/29/1990

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0188893

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOCKLEY, ROBERT S
800 SOUTH GOLF DRIVE,
#10
NAPLES FL 33940

81 Name

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

83

84 City

FL

85 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. I, the undersigned, was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and...

SIGNATURE

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	IP
NAME	SHOCKLEY, ROBERT
STREET ADDRESS	800 S GOLF DR #10
CITY - ST - ZIP	NAPLES FL
TITLE	VP
NAME	SHOCKLEY, JEFFREY
STREET ADDRESS	3850 5TH AVENUE SW
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	T	☐ Change ☒ Addition
1.2 NAME	ROGS, PAUL	
1.3 STREET ADDRESS	1300 WILDOSE LAKES BLVD. #5	
1.4 CITY - ST - ZIP	NAPLES, FL	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	WARD, ADAM	
2.3 STREET ADDRESS	626 SE 13TH CT # 3B	
2.4 CITY - ST - ZIP	CAPE CORAL, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 Shockley, President

5-15-95

813 649-1756