

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Montross  
Secretary of State  
CONSUMER SERVICES DIVISION

APPROVED  
AND  
FILED

DOCUMENT # **P94000088169 (5)**

SHACKELFORD ENTERPRISES, INC.

MAY 11 8:49

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: C/O JOHN P. MILLIGAN, JR.  
1500 COLONIAL BLVD SUITE 103  
FT. MYERS FL 33907

Main Address: C/O JOHN P. MILLIGAN, JR.  
1500 COLONIAL BLVD SUITE 103  
FT. MYERS FL 33907

(DO NOT WRITE IN THIS SPACE)

2. Filing of Report of Business		2a. Mailing Address		3. Date the report filed or filed post	3a. Date of Last Report
21	13300-8 S Cleveland Ave Suite Apt # 4	26	1927 Hill Avenue Suite Apt # 4	12/05/1994	
22	City & State Ft. Myers, FL	27	City & State Ft. Myers, FL	4. FET Number	Apply For Not Applicable
23	City Ft. Myers	28	City Ft. Myers	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33907	29	Zip 33901	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	County Lee	30	County Lee	8. This corporation has liability for interjurisdictional tax under S. 199(3)(2), Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MILLIGAN, JOHN P 1500 COLONIAL BLVD. SUITE 103 FT. MYERS FL 33907		B1 Name	Jon S. Shackelford
		B2 Street Address (P.O. Box Number is Not Acceptable)	1927 Hill Avenue #4
		B3	
		B4 City	Fort Myers FL
		B5 Zip Code	33901

11. Pursuant to the provisions of Sections 607.02(2) and 607.11(1)(A), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office for the State of Florida. Such change will be authorized by the corporation's Board of Directors, if they accept the appointment as registered agent. I am authorized to sign this statement on behalf of the corporation.

SIGNATURE: **Jon S. Shackelford - President** *Shackelford* 4-20-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME	D SHACKELFORD, JON S 1927 HILL AVE., NO. 4 FT. MYERS FL 33901	13.1 NAME	PIV/SIT Shackelford, Jon S 1927 Hill Avenue #4 Ft. Myers, FL 33901
NAME		13.2 STREET ADDRESS	
NAME		13.3 CITY	
NAME		13.4 STATE	
NAME		13.5 ZIP CODE	
NAME		13.6 CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.7 CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.8 CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.9 CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.10 CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, being the duly authorized signatory for the corporation, hereby certify that the information furnished on this annual report or supplemental annual report is true and correct and that the signatory shall have the same responsibility of such as if he or she were an individual. I hereby represent and warrant that this report is prepared by Chapter 205, Florida Statutes, and that my name appears on the back of this report.

SIGNATURE: *Shackelford* 4-20-95 (813) 433-1974

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR