

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 96000059009 CORP #

1. Corporation Name
SHACKCO, INC.

Principal Place of Business 830 Shadow Ridge Drive Pensacola, FL 32514	Mailing Address 830 Shadow Ridge Drive Pensacola, FL 32514
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3. Date Incorporated or Qualified 7/15/96	3a. Date of Last Report
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21. Principal Place of Business 830 Shadow Ridge Drive	22. Mailing Address 830 Shadow Ridge Drive
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Pensacola, FL	28. City & State Pensacola, FL
24. Zip 32514	25. Country U.S.
29. Zip 32514	30. Country U.S.

4. FEL Number 59-3388299	Applied for <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHARLES M. WELLS
 830 SHADOW RIDGE DRIVE
 PENSACOLA, FL 32514**

10. Name and Address of New Registered Agent

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, 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: *Charles M. Wells* **6/17/97**

Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CHARLES M. WELLS	
STREET ADDRESS	830 SHADOW RIDGE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	CHARLES M. WELLS	
STREET ADDRESS	830 SHADOW RIDGE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	CHARLES M. WELLS	
STREET ADDRESS	830 SHADOW RIDGE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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*****165.00**

6/20/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Charles M. Wells* **6/30/97** **904-477-0124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)