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 # **229746** **(3)**

1. Corporation Name

SHORTS, INC.

Principal Place of Business	Mailing Address
12420 73RD CT C/O WILLIAM W SHORT JR. LARGO FL 34643	12420 73RD CT C/O WILLIAM W SHORT JR. LARGO FL 34643

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **11/02/1959**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-0876811** ☐ 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

9. **Name and Address of Current Registered Agent**

WILLIAM W. SHORT, JR.
12420 73RD CT. NO.
LARGO FL 34643

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 (Signature of New Registered Agent, if changing) (Printed Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RABON, MARY KATHRYN		1.2 NAME		
STREET ADDRESS	107 PARK ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHORT, WILLIAM W, JR		2.2 NAME		
STREET ADDRESS	12420 73RD CT. NO		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	SDD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RABON, BRUCE D		3.2 NAME		
STREET ADDRESS	107 PARK ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	HUNTER, VIRGINIA		4.2 NAME	Hunter, Virginia	
STREET ADDRESS	1909 LAURELWOOD LN		4.3 STREET ADDRESS	2038 Sheffield Ct.	
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP	Oldsmar FL 34677	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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: Virginia Hunter Virginia Hunter 2/9/96 813-538-4835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)