

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 33773~~

~~12420 73RD CT.~~
~~C/O WILLIAM W SHORT JR.~~
~~LARGO FL 33773-8046~~



2. Principal Place of Business

2a. Mailing Address

21 **12420 73rd CT.**

26 **12420 73rd CT.**

22 **% Bruce D. Rabon**

27 **% Bruce D. Rabon**

23 **LARGO FL.**

28 **LARGO FL.**

24 **33773**

25 **Pinellas**

29 **33773**

30 **Pinellas**

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/02/1959

3a. Date of Last Report
02/15/1996

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

10. Name and Address of New Registered Agent

81 Name

Bruce D. Rabon President

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

12420 73rd CT.

83

84 City

LARGO

FL

85 Zip Code
33773

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]

(NOTE: Registered Agent signature required when reinstating)

9/29/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DV RABON, MARY KATHRYN**
STREET ADDRESS **107 PARK ST.**
CITY- ST- ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE
NAME **PD SHORT, WILLIAM W, JR**
STREET ADDRESS **12420 73RD CT. NO**
CITY- ST- ZIP **LARGO FL**

TITLE ☐ DELETE
NAME **SDD RABON, BRUCE D**
STREET ADDRESS **107 PARK ST**
CITY- ST- ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE
NAME **T HUNTER, VIRGINIA**
STREET ADDRESS **2038 SHEFFIELD COURT**
CITY- ST- ZIP **OLDSMAR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Pres - B RABON, BRUCE D.**
1.3 STREET ADDRESS **12420 73rd CT.**
1.4 CITY- ST- ZIP **LARGO FL. 33773**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **T-S-D HUNTER, VIRGINIA**
2.3 STREET ADDRESS **12420 73rd CT.**
2.4 CITY- ST- ZIP **LARGO FL. 33773**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D SHORT, WILLIAM**
3.3 STREET ADDRESS **12420 73rd CT.**
3.4 CITY- ST- ZIP **LARGO FL. 33773**

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0382026

CR2E034 (9/96)