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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 3:56

DOCUMENT # 231371 (6)

1. Corporation Name
SHELLEY PROPERTIES INC

Principal Place of Business	Mailing Address
% W. P. SHELLEY, JR 506 SOUTH RIDE TALLAHASSEE FL 32303	% W. P. SHELLEY, JR 506 SOUTH RIDE TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1959
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-0911590 ☐ 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

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

9. Name and Address of Current Registered Agent

SHELLEY, W. P., JR.
506 SOUTH RIDE
TALLAHASSEE FL 32303

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☒ Addition
NAME	SHELLEY, JR W P	1.2 NAME	
STREET ADDRESS	~~PO BOX 1196~~ 506 S RIDE	1.3 STREET ADDRESS	506 S. Ride
CITY-ST-ZIP	TALLAHASSEE, FL 0	1.4 CITY-ST-ZIP	Tallahassee, FL 32303-5164
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	RANKIN, GLENN S	2.2 NAME	
STREET ADDRESS	304 E BOUGAINVILLIA	2.3 STREET ADDRESS	37848 E. Bougainvillia
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	DADE CITY, FL 33525-4740
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	RANKIN, ALLAN P	3.2 NAME	
STREET ADDRESS	304 E BOUGAINVILLIA	3.3 STREET ADDRESS	37848 E. Bougainvillia
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	DADE CITY, FL 33525-4740
		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	

2/11/95

Returned herewith with Corrections -

filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further t or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ached with an address.

elley Jr
NAME OF PERSON OR OFFICER OR DIRECTOR
EX. VP.

2/2/95
Date

904-385-2521
Daytime Phone #

0026031 CP