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 JAN 26 PM 3:22

DOCUMENT # 254382 (5)

1. Corporation Name
SHILCO CORP

Principal Place of Business	Mailing Address
1940 NE 57 ST FT LAUDERDALE FL 33308 US	1940 NE 57 ST FT. LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1961
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 8131 NW 43 LANE
22 Suite, Apt. #, etc.
23 City & State: OCALA, FL
24 Zip: 34482 Country: 25 USA

2a. Mailing Address
26 8131 NW 43 LANE
27 Suite, Apt. #, etc.
28 City & State: OCALA, FL
29 Zip: 34482 Country: 30 USA

4. FEI Number: 59-0999287 ☐ 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

GATTI, RALPH T JR.
1940 NE 57TH ST
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: GATTI, RALPH J. JR.
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	P	1.1 TITLE		☒ Change ☐ Addition
NAME	GATTI, PAMELA S	1.2 NAME		
STREET ADDRESS	1940 N.E. 57 ST.	1.3 STREET ADDRESS	8131 NW 43 LANE	
CITY-ST-ZIP	FT LAUD, FL 00000	1.4 CITY-ST-ZIP	OCALA, FL 34482	
TITLE	V	2.1 TITLE		☒ Change ☐ Addition
NAME	GATTI, RALPH J., JR.	2.2 NAME		
STREET ADDRESS	1940 N.E. 57 ST.	2.3 STREET ADDRESS	8131 NW 43 LANE	
CITY-ST-ZIP	FT.LAUDERDALE FL	2.4 CITY-ST-ZIP	OCALA, FL 34482	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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: Pamela S. Gatti 1/24/95 (904)629-2789
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
PAMELA S. GATTI

0313601 CP