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 # **254382** **(5)**

1. Corporation Name
SHILCO CORP

Principal Place of Business
8131 NW 43 LANE
OCALA FL 34482
US

Mailing Address
8131 NW 43 LANE
OCALA FL 34482
US

2. Principal Place of Business
21 5188 NW 80 AVENUE RD.
Suite, Apt. #, etc.
22
City & State
23 OCALA, FL
Zip 24 34482 Country 25 USA

2a. Mailing Address
26 5188 NW 80 AVENUE ROAD
Suite, Apt. #, etc.
27
City & State
28 OCALA, FL
Zip 29 34482 Country 30 USA

3. Date Incorporated or Qualified: 12/20/1961
3a. Date of Last Report: 01/26/1995
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 J JR
1940 NE 57TH ST
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5188 NW 80 AVENUE ROAD
83
84 City OCALA FL 85 Zip Code 34482

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, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GATTI, PAMELA S	
STREET ADDRESS	8131 NW 43 LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	☐ DELETE
NAME	GATTI, RALPH J., JR.	
STREET ADDRESS	8131 NW 43 LANE	
CITY-ST-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
1.3 STREET ADDRESS	5188 NW 80 AVENUE ROAD	
1.4 CITY-ST-ZIP	OCALA, FL 34482	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5188 NW 80 AVENUE ROAD	
2.4 CITY-ST-ZIP	OCALA, FL 34482	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 PAMELA S. GATTI 2/26/96 (352)629-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)