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

APPROVED AND FILED

95 FEB 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 322658 (6)

1. Corporation Name
SHINING STAR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1008 W. MAIN ST P. O. BOX 997 WAUCHULA FL 33873 US	PO BOX 997 P. O. BOX 997 WAUCHULA FL 33873 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 264 Huntley Dr. S.	26 264 Huntley Dr. S.
Suite, Apt. #, etc. 22 ~~Lake Placid~~	Suite, Apt. #, etc. 27
City & State 23 Lake Placid, Fl.	City & State 28 Lake Placid, Fl.
Zip 24 33852 Country 25 USA	Zip 29 33852 Country 30 USA

3. Date Incorporated or Qualified: 06/29/1984
3a. Date of Last Report: 06/10/1994
4. FEI Number: 59-1195810 ☐ 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**

TRUITT,ZOLA
1008 W MAIN ST
WAUCHULA FL 33873

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	TRUITT,ZOLA	1 2 NAME	
STREET ADDRESS	~~1008 W MAIN ST~~ 264 Huntley Dr. S.	1 3 STREET ADDRESS	
CITY-ST-ZIP	~~WAUCHULA FL~~ Lake Placid, Fl 33852	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	TRUITT, J.C.JR.	2 2 NAME	
STREET ADDRESS	~~1008 W. MAIN ST~~ 264 Huntley Dr. S.	2 3 STREET ADDRESS	
CITY ST ZIP	~~WAUCHULA FL~~ Lake Placid, Fl 3385[illegible]	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	TRUITT, CURTRIGHT C	3 2 NAME	
STREET ADDRESS	5636 MONTILLA D;R.	3 3 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	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, 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: Zola C. Truitt Zola C. Truitt 2/20/95 (813) 699-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR