

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 # 348399 (7)

1. Corporation Name

SHAMROCK HOMES, INC.



Principal Place of Business

2100 LAKE EUSTIS DR.
TAVARES FL 32778

Mailing Address

2100 LAKE EUSTIS DR.
TAVARES FL 32778

3. Date Incorporated or Qualified
06/24/1969

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2493271

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMOIONE DAVID
600 JENNINGS AVE
EUSTIS FL 32726

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 PTD ☐ DELETE
NAME SHAMROCK, KEITH J
STREET ADDRESS 2290 S. BAY STREET
CITY- ST- ZIP EUSTIS FL

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME SHAMROCK, KEITH J.
1.3 STREET ADDRESS 2100 Lake Eustis Dr.
1.4 CITY- ST- ZIP Tavares, FL 32778

TITLE VSD ☐ DELETE
NAME SHAMROCK, PATRICIA B
STREET ADDRESS 2290 S. BAY STREET
CITY- ST- ZIP EUSTIS FL

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME SHAMROCK, PATRICIA B.
2.3 STREET ADDRESS 2100 Lake Eustis Dr.
2.4 CITY- ST- ZIP Tavares, FL 32778

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

Keith J. Shamrock

KEITH J. SHAMROCK

4/15/96

(352) 343-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)