

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:05

DOCUMENT # 572186 (5)

1. Corporation Name

SHCM HOLDINGS, INC.

Principal Place of Business

4558 CLYDE MORRIS BLVD
PORT ORANGE FL 32119

Mailing Address

4558 CLYDE MORRIS BLVD
PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/17/1978

3a. Date of Last Report

04/15/1994

4. FEI Number

59-1830507

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, STEPHEN
4558 CLYDE MORRIS BLVD.
PORT ORANGE FL 32119

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	JOHNSON, STEPHEN	4558 CLYDE MORRIS BLVD.	PORT ORANGE FL
VP	JOHNSON, E. NATHAN	4558 CLYDE MORRIS BLVD.	PORT ORANGE FL
DP	JOHNSON, RUTH	4558 CLYDE MORRIS BLVD.	PORT ORANGE FL
TS	TROST, JOHN W.	4558 CLYDE MORRIS BLVD.	PORT ORANGE FL
D	TROST, BRENDA	4558 CLYDE MORRIS BLVD.	PORT ORANGE FL
D	JOHNSON, CAROL	4558 CLYDE MORRIS BLVD.	PORT ORANGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P/D	STEPHEN JOHNSON	4558 CLYDE MORRIS BLVD.	PORT ORANGE, FL 32119	☒	☐
VP/D	RUTH G. JOHNSON	4558 CLYDE MORRIS BLVD.	PORT ORANGE, FL 32119	☒	☐
VP/D	RUTH G. JOHNSON	4558 CLYDE MORRIS BLVD.	PORT ORANGE, FL 32119	☒	☐
T/S/D	JOHN W. TROST	4558 CLYDE MORRIS BLVD.	PORT ORANGE, FL 32119	☒	☐
				☐	☐
				☐	☐

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 110.07(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95

95-256-1805