

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/17/1978

3a. Date of Last Report

03/20/1995

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

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 607.0508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent required when changing agent.

Signature of Registered Agent required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JOHNSON, STEPHEN	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY, ST, ZIP	PORT ORANGE FL	
TITLE	VPD	☐ DELETE
NAME	JOHNSON, RUTH G	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY, ST, ZIP	PORT ORANGE FL	
TITLE	VPF	☒ DELETE
NAME	JOHNSON, RUTH	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY, ST, ZIP	PORT ORANGE FL	
TITLE	TSD	☐ DELETE
NAME	TROST, JOHN W.	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY, ST, ZIP	PORT ORANGE FL	
TITLE	D	☐ DELETE
NAME	TROST, BRENDA	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY, ST, ZIP	PORT ORANGE FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, CAROL	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY, ST, ZIP	PORT ORANGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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:

Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)