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 MAY -1 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **634169** **(7)**

1. Corporation Name
SHECO, INC.

Principal Place of Business	Mailing Address
625 N.W. 9TH AVENUE **HOMESTEAD FL 33030-5757**	**625 N.W. 9TH AVENUE** **HOMESTEAD FL 33030-5757**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/29/1979**
3a. Date of Last Report: **06/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1937079** ☐ 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 — 24 | County — 25
Zip — 29 | County — 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

WIECKERT, DIANNE
234 NORTH KROME AVENUE
HOMESTEAD FL 33030

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	11 TITLE	PD	☑ Change ☐ Addition
NAME	**DINGLE, WILLIAM F.**	12 NAME	Dingle, Barbara A.	
STREET ADDRESS	**625 N.W. 9TH AVENUE**	13 STREET ADDRESS	625 N W 9th Ave	
CITY-ST-ZIP	**HOMESTEAD FL**	14 CITY-ST-ZIP	Homestead, FLa	
TITLE	**STD**	21 TITLE	TD	☐ Change ☑ Addition
NAME	**DINGLE, BARBARA A.**	22 NAME	Dingle, Wesley S.	
STREET ADDRESS	**625 N.W. 9TH AVENUE**	23 STREET ADDRESS	625 N.W. 9th Ave.	
CITY-ST-ZIP	**HOMESTEAD FL**	24 CITY-ST-ZIP	Homestead, FLa	
TITLE	**D**	31 TITLE	SD	☐ Change ☑ Addition
NAME	**DINGLE, WILLIAM F., JR.**	32 NAME	Dingle, Robin L	
STREET ADDRESS	**625 N.W. 9TH AVENUE**	33 STREET ADDRESS	625 N W 9th Ave	
CITY-ST-ZIP	**HOMESTEAD FL**	34 CITY-ST-ZIP	Homestead, FLa	
TITLE		41 TITLE	D	☐ Change ☐ Addition
NAME		42 NAME	Dingle, William F, JR	
STREET ADDRESS		43 STREET ADDRESS	625 N W 9th Ave	
CITY-ST-ZIP		44 CITY-ST-ZIP	Homestead, FLa	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Barbara A. Dingle / BARBARA A. DINGLE 4-20-95 305-245-1507
SIGNATURE AND TYPED OR PRINTED NAME OF PERSONAL OFFICER OR DIRECTOR — Date — Daytime Phone #

DT16000 CP