FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713950 **(4)**

1. Corporation Name
SHULL MANOR APARTMENTS, INC.

Principal Place of Business	Mailing Address
717 E. UNIVERSITY BLVD. MELBOURNE FL 32901	717 E. UNIVERSITY BLVD. MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1968	3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-1233233	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WELLS, W.O.
213 STONE ST.
COCOA FL 32922

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	VPC	1.1 TITLE	S	☒ Change ☒ Addition
NAME	SHAW, AMIE	1.2 NAME	JACKSON, FLORA	
STREET ADDRESS	200 S. BANANA RIVER BLVD	1.3 STREET ADDRESS	5110 Delehurst Drive	
CITY-ST-ZIP	COCOA BCH. FL	1.4 CITY-ST-ZIP	Cocoa, Fl 32922	
TITLE	S	2.1 TITLE	TR	☐ Change ☒ Addition
NAME	DEMPSEY, MARY	2.2 NAME	GRAY, JAMES	
STREET ADDRESS	843 ALVONDALE	2.3 STREET ADDRESS	310 Stone Street	
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Cocoa, Fl 32922	
TITLE	T	3.1 TITLE	TR	☐ Change ☒ Addition
NAME	MORSE, CLARENCE	3.2 NAME	Pennington, Cleve	
STREET ADDRESS	922 BEDFORD RD.	3.3 STREET ADDRESS	4154 Prime Avenue	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	Rockledge, Fl 32955	
TITLE	PC	4.1 TITLE	TR	☐ Change ☒ Addition
NAME	WELLS, W. O.	4.2 NAME	JONES, NED	
STREET ADDRESS	213 STONE STREET	4.3 STREET ADDRESS	3769 Brockington Circle	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Cocoa, Fl 32922	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	FORD, MATTHEW	5.2 NAME		
STREET ADDRESS	709 HUGHLETTE AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP		
TITLE	AST	6.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, JOSEPH	6.2 NAME		
STREET ADDRESS	943 KINGS RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/28/95 (407)727-0015
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] DIRECTOR — Date — Daytime Phone #

000197