

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 713950****(4)**

1. Corporation Name

SHULL MANOR APARTMENTS, INC.

Principal Place of Business

**717 E. UNIVERSITY BLVD.
MELBOURNE FL 32901**

Mailing Address

**717 E. UNIVERSITY BLVD.
MELBOURNE FL 32901-7143**3. Date Incorporated or Qualified
01/16/19683a. Date of Last Report
03/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1233233Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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

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

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 617.0502 and 617.1508, 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 617.0503, 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	VPC	<input type="checkbox"/> DELETE
NAME	SHAW, AMIE	
STREET ADDRESS	200 S. BANANA RIVER BLVD	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEMPSEY, MARY	
STREET ADDRESS	843 ALVONDALE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORSE, CLARENCE	
STREET ADDRESS	922 BEDFORD RD.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	WELLS, W. O.	
STREET ADDRESS	213 STONE STREET	
CITY-ST-ZIP	COCOA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORD, MATTHEW	
STREET ADDRESS	709 HUGHLETTE AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JOSEPH	
STREET ADDRESS	943 KINGS RD.	
CITY-ST-ZIP	ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **WELLS, W.O.**

1-30-97 (407) 636-7178

CR2E037 (9/96)