

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713950** (4)
1. Corporation Name
SHULL MANOR APARTMENTS, INC.



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

3. Date Incorporated or Qualified
01/16/1968
4. FEI Number
59-1233233
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **713 E. University Blvd.** 26 **713 E. University Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Melbourne, FL** 27 **Melbourne, FL**
City & State City & State
23 **32901** 28 **32901**
Zip Zip
24 **Brevard** 29 **Brevard**
Country Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, AMIE	1.2 NAME	Cathe Weatherspoon
STREET ADDRESS	200 S. BANANA RIVER BLVD	1.3 STREET ADDRESS	1700 University Ln.
CITY-ST-ZIP	COCOA BCH. FL	1.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMPSEY, MARY	2.2 NAME	Nep Jones
STREET ADDRESS	843 ALVONDALE	2.3 STREET ADDRESS	3769 Brockington Circle
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Cocoa, FL 32926
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, CLARENCE	3.2 NAME	Nathaniel Hooks, Sr.
STREET ADDRESS	922 BEDFORD RD.	3.3 STREET ADDRESS	723 CARISSA AVE.
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE	PC	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, W. O.	4.2 NAME	Flora Jackson
STREET ADDRESS	213 STONE STREET	4.3 STREET ADDRESS	5110 Lakehurst Dr.
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, MATTHEW	5.2 NAME	Joseph Jackson
STREET ADDRESS	709 HUGHLETTE AVE.	5.3 STREET ADDRESS	601 Stone St
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	Cocoa, FL
TITLE	AST	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, JOSEPH	6.2 NAME	Cleve Pennington
STREET ADDRESS	843 KINGS RD.	6.3 STREET ADDRESS	1934 Otterbein Ave.
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	Cocoa, FL 32922

14. I 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: **W.O. WELLS** 3-3-98 (407)727-0015

CR2E037 (1097)