

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 826880 (7)

1. Corporation Name
SHAMROCK COMMUNICATIONS, INC.

Principal Place of Business: **149 PENN AVENUE SCRANTON PENNSYLVANIA 18503**
Mailing Address: **149 PENN AVENUE SCRANTON PENNSYLVANIA 18503**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1971** 3a. Date of Last Report: **04/14/1994**

4. FEI Number: **23-1727773** 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 is eligible for electronic tax under § 199.037 Florida Statutes: Yes No

2. Principal Place of Corporation: **21** Mailing Address: **2a**
State Apt # etc: **22** State Apt # etc: **27**
City & State: **23** City & State: **28**
County: **24** County: **25** County: **29** County: **30**

9. Name and Address of Current Registered Agent
**OWENS, THOMAS
2180 SANLANDO CENTER, SUITE #2150
W. STATE ROAD 434
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.03(1), 607.03(2), and 607.03(3) 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 Sections 607.03(3) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: HAGGERTY, JAMES J
STREET ADDRESS: 416 SCRANTON TIMES BLDG.	CITY, ST, ZIP: SCRANTON PA
TITLE: PD	NAME: LYNETT, WILLIAM R
STREET ADDRESS: 416 SCRANTON TIMES BLDG.	CITY, ST, ZIP: SCRANTON PA
TITLE: STD	NAME: LYNETT, GEORGE V
STREET ADDRESS: 416 SCRANTON TIMES BLDG.	CITY, ST, ZIP: SCRANTON PA
TITLE: VD	NAME: LYNETT, EDWARD J.
STREET ADDRESS: 416 SCRANTON TIMES BLDG.	CITY, ST, ZIP: SCRANTON PA
TITLE: AS	NAME: HOULIHAN, DANIEL J.
STREET ADDRESS: 416 SCRANTON TIMES BLDG.	CITY, ST, ZIP: SCRANTON PA
TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY, ST, ZIP: _____

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: _____	
3. STREET ADDRESS: _____	
4. CITY, ST, ZIP: _____	
5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: _____	
7. STREET ADDRESS: _____	
8. CITY, ST, ZIP: _____	
9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: _____	
11. STREET ADDRESS: _____	
12. CITY, ST, ZIP: _____	
13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: _____	
15. STREET ADDRESS: _____	
16. CITY, ST, ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or have possession or control of the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an individual with an address.

SIGNATURE: *William R. Lynett* **WILLIAM R. LYNETT** 4-27-95 717-348-9107
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR