

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 13 AM 8:26

DOCUMENT # 834789 (0)
1. Corporation Name
SHELCO SERVICES, INC.

Principal Place of Business Mailing Address
3001 W. 10TH ST. PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/04/1975** 3a. Date of Last Report **02/09/1994**
4. FEI Number **59-1569640** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**LOGUE, DAYTON
303 MAGNOLIA AVE.
PANAMA CITY FL 32401**

10. Name and Address of Now 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 *Claude E. Shell Sr.* DATE **6/7/95**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELL, CLAUDE E., SR.	12 NAME	
STREET ADDRESS	3001 W 10TH ST	13 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, JANET S.	22 NAME	
STREET ADDRESS	1616 GRANT AVE	23 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELL, CLAUDE E., JR.	32 NAME	
STREET ADDRESS	3001 W 10TH STREET	33 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	34 CITY - ST - ZIP	
TITLE	Director	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barrie S. MAWK	42 NAME	
STREET ADDRESS	3001 W. 10th St.	43 STREET ADDRESS	
CITY - ST - ZIP	Panama City, FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 or authorized agent of the corporation or the receiver or trustee or authorized agent of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to an annual report.

SIGNATURE: *Claude E. Shell Sr.* DATE: **6/7/95** 904-785-0561
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CLAUDE E. SHELL SR.

CR2E004 (3/95)