

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F39190** (6)  
1. Corporation Name  
**SHARED SERVICES, INC.**

Principal Place of Business <b>4300 NW 89TH BLVD. GAINESVILLE FL 32606 US</b>	Mailing Address <b>4300 NW 89TH BLVD. GAINESVILLE FL 32606 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/03/1981</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>59-2149221</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <b>XX</b>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <b>XX</b> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEMONTMOLLIN, STEPHEN  
4300 NW 89TH BLVD.  
GAINESVILLE FL 32606**

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

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

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	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEIL, GERALD C		1.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAIRSTON, DON		2.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMONTMOLLIN, STEPHEN J		3.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHEY, JAN P		4.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYERS, KAY		5.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		5.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEDDIE, EDWARD		6.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Philip J. Hughey*

2/16/98

352-337-8709

CR2E034 (10/97)