

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F64522

(8)

1. Corporation Name

SHEMARTONE, INC.



Principal Place of Business

% TROY H MYERS, JR
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

Mailing Address

% TROY H MYERS, JR
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/25/1982

3a. Date of Last Report

02/28/1995

4. FEI Number

59-2148960

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

9. Name and Address of Current Registered Agent

MYERS, TROY H., JR
2033 MAIN STREET, SUITE 600
SARASOTA FL 34230

10. Name and Address of New 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

(Signature of Registered Agent or other person authorized to change the registered office or agent)

(Signature of Registered Agent or other person authorized to change the registered office or agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BOLLOM, MARTIN PATRICK	
STREET ADDRESS	2033 MAIN ST. #600	
CITY-STATE-ZIP	SARASOTA, FL 00000	
TITLE	D	☐ DELETE
NAME	ROWBOTHAM, SHIELA	
STREET ADDRESS	2033 MAIN ST. #600	
CITY-STATE-ZIP	SARASOTA, FL 00000	
TITLE	D	☐ DELETE
NAME	BOLLOM, ANTHONY JOHN	
STREET ADDRESS	2033 MAIN ST. #600	
CITY-STATE-ZIP	SARASOTA, FL 00000	
TITLE	VP	☐ DELETE
NAME	MYERS, TROY H	
STREET ADDRESS	2033 MAIN ST. #600	
CITY-STATE-ZIP	SARASOTA, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(k), 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:

Troy H. Myers, Jr.

Troy H. Myers, Jr.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

(941) 953-8110

DATE

DATE OF FILING

CR2E034 (12/95)