

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # F82818

1. Corporation Name

(8)

SHANDON, INC.

Principal Place of Business

Mailing Address

C/O GROVER A SMITH
 739 E SILVER SPRINGS BLVD *#204*
 OCALA FL 34470-3759 *203*

C/O GROVER A SMITH
 739 E SILVER SPRINGS BLVD *#204*
 OCALA FL 34470-3759 *203*



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc

Applied For

Not Applicable

22 City & State

27 City & State

23 Zip

28 Zip

Country

24 Country

29 Zip

Country

9. Name and Address of Current Registered Agent

SMITH, GROVER A
 739 E. SILVER SPRINGS BLVD. *#204*
 OCALA FL *203*

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 typed or printed in the space provided for the registered agent and director appointment. (Note: Registered Agent signature required when changing.)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PVT

DELETE

NAME

SMITH, GROVER A

STREET ADDRESS

739 E. SILVER SPRGS BLVD

CITY-ST-ZIP

OCALA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change

Addition

TITLE

DS

DELETE

NAME

SMITH, GROVER A

STREET ADDRESS

739 E. SILVER SPRGS BLVD

CITY-ST-ZIP

OCALA FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change

Addition

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change

Addition

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change

Addition

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change

Addition

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change

Addition

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

SIGNATURE:

Grover A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 352 732 3422
 Dated in Florida

CR2E034 (3/96)