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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F85586 (8)

SHADYCREEK, INC.

Principal Place of Business	Mailing Address
2095 BELLEAIR ROAD	2095 BELLEAIR ROAD
CLEARWATER FL 81824- 33764	CLEARWATER FL 34824 33764

FILED Mar 16 1998 8:00am Secretary of State



Principal Place	of Businoss	Mailing Address			t tabbilde tidt fårat ditet ättet sette atte giber eren arber ander ander eter	
2095 BELLEAN	R ROAD	2095 BELLEAIR ROAD	3376	. 4		
CLEARWATER FL 94824 33764 CLEARWATER FL 94824 3376 7			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	\neg
					06/11/1982	
2. Principal Pl	ace of Business	2s. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number Applied For	ᅥ
21		26			59-2207560 Not Applica	ble
Suite, Apt	#, etc.	Suite, Apt. #, etc.			S. Cardificate of Status Desired \$8.75 Additional	\neg
22		[27]			Fee Required	
City & State)	Cily & State			6. Election Campaign Financing \$5.00 May Be	Ì
23		28			Trust Fund Contribution Added to Fees	
Ζip	Country	Zip	Country	/	8. This corporation owes or has paid the current year intangible	- 1
24	25	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	-
		Current Registered Agent	81	Name	10. Natile and Accress of New Registered Agent	\dashv
	DLACEK, LOIS A.		0,	INGINO		
309	PALMETTO ROAD	5-6	62	Street Add	dress (P.O. Box Number is Not Acceptable)	
BEL	LEAIR FL-84818 352		63			
			84	City	FL 85 Zip Code	
11. Pursuant i	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statu	ites, the abov	I e-named cor	rogration submits this statement for the purpose of changing its register	ed
I office or re	edistored agent, or both, in the	e State of Florida. Such change was e obligations of, Section 607.0505, F	authorized b	v the corpore	ation's board of directors. I hereby accept the appointment as registered	1
	minimus with, and accept in	o oprigationa of protection box.obo.	ionou biaibio	•		
SIGNATURE	Signature, typed or printed name of regis	dered agent and title if applicable (NC	TF: Registered Ag	ent signature requ	uired when reinstating) DATE	
12.	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE		Change Addi	lion]
NAME	SEDLACEK, LOIS A.		1.2 NAME			- 1
STREET ADDRESS	309 PALMETTO RD.		1.3 \$TREE	ADDRESS		- 1
CITY-ST-ZIP	BELLEAIR FL	E Driett	1.4 CITY-	ST-ZIP	Change Addit	
TITLE	PVS	[] DELETE	2.1 TITLE		Change Addi	lion
NAME	SEDLACEK, LOIS A		2.2 NAME			ļ
STREET ADDRESS	309 PALMETTO ROAD			T ADDRESS		- 1
CITY-ST-ZIP	BELLEAIR, FL 00000	Print	2. 4 CITY-	ST-ZIP	Change Addi	100
TITLE		DELETE	3.1 TITLE		Change C Addition	1011
NAME			3.2 NAME	T ADDDECD		ı
STREET ADDRESS				FADDRESS	•	
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		out it	4.1 HILE 4. 2 NAME	}	المام ہے۔	···'
NAME				T ADDRESS		1
STREET ADDRESS				l l		
CITY-ST-ZIP TITLE		DELETE	4.4 City - 1 5.1 Title	51 - 202	Change Addi	tion
NAME		L, VILLE	5.2 NAME			-
·				I ADDRESS		
STREET ADDRESS				ŀ		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 1 6.1 TITLE	>1 * ZIP*	Change Addi	tion
NAME			6.2 NAME		hand or one go hand 1 to one	
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			6.4 CITY-	51-ZIF	On the Add OT/OVE The late Oracles and I forther and if the table information	=

14. 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 informatic 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 frustoc 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 or an attrictiment with an address.

SIGNATURE:

813-535-8512