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

PROFIT



CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS								
DOCU!	MENT # <b>F94000</b>	004700 (0	)					
SHEA	'S WELL & PUMP SERVICE, IN	IC.						
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	**************************************						(U 114) H1   VIII	
Principal Place	of Business	Mailing Address				iaist männ ällite ännn 190	(16 MAIII MAII 1004	
P.O. BOX 250 P.O. BOX 250								
LAKE PARK	GA 31638	LAKE PARK GA 31636	j					
					3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Re 05/01/19		
2. Principal Pla	<b>}</b>	2a. Mai'ing Address			4. FEI Number		Applied For	
Suite, Apt. a		Cuito Aut E ata			58-2128614		Not Applicable	
22 30ite, Apt. 1	h	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State		City & State			6. Election Campaign Financing		0 May Be	
23	2	8			Trust Fund Contribution		d to Fees	
Ζφ	Country	Zip ⊒	Country	•	8. This corporation has liability for int	•	199.032,	
24	25 2 9. Name and Address of Current Re	9 Distered Agent	[30]		Florida Statutes			
		<u> </u>	81	Name	10. 10	Jistered Agent		
PARALE	GAL & ATTORNEY SERVICE BURE	AU. INC.	82	Street Add	ress (P.O. Box Number is Not Acceptable)			
1406 HAYS ST.				Silect Ado	riess (F.O. DOX NOTPOER'S NOT ACCEPTABLE)			
SUITE :			83					
TALLAH	IASSEE FL 32301		84	Gty		<b>85</b> 7 (	p Code	
11 Duremont t	o the provisions of Sections 607.0502 and	607 1609 Florida Statuta				FL		
or register	o the provisions of Sections 607.0502 and ad agent, or both, in the State of Florida. S h, and accept the obligations of, Section 6	uch change was authorize	s, the above i ed by the corp	named corpo ioration's boa	iration submits this statement for the purpoint of directors. Thereby accept the appoint	ise of changing its r itment as registered	egistered office Lagent, Fami	
SIGNATURE	n, and accept the obligations of, Section of	ortubub, Fiorida Statutes.						
	Signature, typed or printed name of registered agent and till		IE. Registera i Ágia	1 signature reque	s Lymennesh Patrigé	DATE		2
12.	OFFICERS AND DIF		13.		ADDITIONS/CHANGES TO OFFICE		RS IN 12	2/95
TITLE NAME	shea, anthony	□ DELETE	1 1 TIFLE 1 2 NAME			Change		1 (12)
STREET ADDRESS	381 SHEAVETTE RD.	ICAL CETTE DO		STREET ADDRESS				8
C-TY-ST-Z-P	LAKE PARK GA 31636		14 0 TY - S	1				R2E034
TITLE	· · · · · · · · · · · · · · · · · · ·		2 1 1011.6	- 1		☐ Charige		ΰ
NAME	SHEA, CHERYL		2.2 NAME					
STREET ADDRESS	381 SHEAVETTE RD.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE PARK GA 31636	— noi ett	24 04 Y-5	51_ZIP		[ Cronss	C Addison	
TITLE NAME		DELETE .	3 1 FILE 32 NAME			Change	Addition	
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NAME			4.2 NAME					
STREET ADDRESS			4.3 STH∂¥ I	1				
CITY-ST-ZIP		[7] DECER	44 017 - 5	11-20			C Add to	
TITLE NAME		☐ DELETE	5 1 TITLE			Change	Add tion	
STREET ADDRESS			5.3 STHEFT	ADDRESS				
CITY-ST-ZIP			5.4 City 5					
THILE		DELETE	€ 1 TITLE			Change	Add tion	
NAME			€ 2 NAME					
STREET ADDRESS			6.3 STHEFT	ADDRESS			Ì	

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 119.07(3/ki), 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 13.4 changed, or on an attachment with an address.

SIGNATURE:

Anthony Shew 13-19-94 912-559-5290
UNG OFFICER OR DIRECTOR