

**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. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000004998 (9)**  
 1. Corporation Name

**SHC MELBOURNE, INC.**



Principal Place of Business: **2 PERIMETER PARK S BIRMINGHAM AL 35243**  
 Mailing Address: ~~2 PERIMETER PARK S BIRMINGHAM AL 35243~~

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/13/1995</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	P. O. Box 380546	4. FEI Number <b>58-2101924</b>		Applied For Not Applicable	
22	City & State	27	Birmingham, AL	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	35238	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. Thereby accepting the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature type for principal or registered agent and title (if applicable) \_\_\_\_\_  
 Title of Registered Agent (if different from principal) \_\_\_\_\_  
 Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUSHY, RICHARD M	12 NAME	
STREET ADDRESS	2 PERIMETER PARK S	13 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	14 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAM, AARON JR	22 NAME	
STREET ADDRESS	2 PERIMETER PARK S	23 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	24 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, ANTHONY J	32 NAME	
STREET ADDRESS	2 PERIMETER PARK S	33 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	34 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, RUSSELL H	42 NAME	Tarp B. Jones
STREET ADDRESS	2 PERIMETER PARK S	43 STREET ADDRESS	Two Perimeter Park South
CITY-ST-ZIP	BIRMINGHAM AL 35243	44 CITY-ST-ZIP	Birmingham, AL 35243
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES P	52 NAME	
STREET ADDRESS	2 PERIMETER PARK S	53 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	54 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL D	62 NAME	
STREET ADDRESS	2 PERIMETER PARK S	63 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	64 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)(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 in an attachment with an address.

SIGNATURE: *Richard E. Botts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard E. Botts, Vice President**  
 (205)967-7116

CR2E034 (3/96)