

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000003572 (1)

1. Corporation Name

SHAMROCK BUILDING SERVICES CORPORATION

Principal Place of Business

9 VIADUCT ROAD  
STAMFORD CT 06906

Mailing Address

9 VIADUCT ROAD  
STAMFORD CT 06906

2. Principal Place of Business

2a. Mailing Address

26 P.O. Box 446

Suite, Apt # etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

25

29

33157

30

Pinebluffs

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name PAUL PHILLIPS  
82 Street Address (P.O. Box Number is Not Acceptable)  
113 ARBOR DR WEST  
83  
84 City PALM HARBOR FL 85 Zip Code 34683

11. Pursuant to the provisions of sections 607.0507 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 Paul Phillips

11/1/98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	SHANAHAN, WILLIAM C	
STREET ADDRESS	280 OCEAN DRIVE EAST	
CITY-STATE-ZIP	STAMFORD CT 06902	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHANAHAN, WILLIAM C JR	
STREET ADDRESS	4 WOLFTRAP CIRCLE, MENDEN HALL VILLAGE	
CITY-STATE-ZIP	HECKISSIN DE 19707	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GUMMO, PETER S	
STREET ADDRESS	783 VALLEY ROAD	
CITY-STATE-ZIP	NEW CANAAN CT 06840	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100002687531--9
1.3 STREET ADDRESS	-11/16/98--01002--001
1.4 CITY-STATE-ZIP	****750.00 ****750.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/98

727-446-7900

FILED

98 NOV -6 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number  
06-1358710

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

CR2E034 (5/98)