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 FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # G12964 SHUR-CUT, INC. Principal Place of Business Mailing Address 619 N TRAIL 619 N TRAIL NOKOMIS FL 34275 NOKOMIS FL 34275 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1982 05/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2264413 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z_{iD} Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 29 30 Florida Statutes Yes [9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUGAR, FRED CPA 329 NOKOMIS AVE S Street Address (P.O. Box Number is Not Acceptable) 82 VENICE FL 34285 63 84 City Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signation typed or pricted native of registered agent and their approach DATE (NOTE: Registered Agent signature required when reliestating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1.1 TITLE Change Addition NAME FOSTER, RICHARD E 1.2 NAME CR2E034 STREET ADDRESS 439 PICASSO DRIVE 1.3 STREET ADDRESS **NOKOMIS FL** CITY-ST-ZIF 14 CITY - ST - ZIP THE DELETE 2.1 THE Change Addition NAME PORCELLI, BRIAN A 2.2 NAME 2047 TOCABAGA LANE STREET ADDRESS 2.3 STREET ADDRESS **NOKOMIS FL** CITY-S1-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-7P 34 CITY - ST- ZIP THILE DELFTE 4.1 HILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST ZIP DELETE THILE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5 4 CITY - ST - 71P TATLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY - ST - ZIP 14. Ido hereby certify that the information supplied with this filling 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 any incert or director of incolor of the carporation after receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name accuracy is Ricci 13 if chapter is a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Blo on an attachment with an address

ING OFFICER OR DIRECTOR

SIGNATURE: A