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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 APR 25 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G15031** **(9)**

1. Corporation Name
SNH ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
% L. DAVID SHEAR 201 E. KENNEDY BLVD.. #1000 TAMPA FL 33602 US	% L. DAVID SHEAR 201 E. KENNEDY BLVD.. #1000 TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1982
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o L. David Shear	26 c/o L. David Shear
Suite, Apt. #, etc. 22 10th Floor 201 E. Kennedy Blvd.	Suite, Apt. #, etc. 27 10th Floor 201 E. Kennedy Blvd.
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33602 Country 25 US	Zip 29 33602 Country 30 US

4. FEI Number: 59-2935962 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEAR, L. DAVID #1000, 201 E KENNEDY BLVD TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HAHN, WILLIAM E	12 NAME	
STREET ADDRESS	201 E. KENNEDY BLVD 1000	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	SHEAR, L DAVID	22 NAME	
STREET ADDRESS	201 E. KENNEDY BLVD 1000	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, JERRY L.	32 NAME	
STREET ADDRESS	201 E. KENNEDY BLVD 1000	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: L. David Shear 4-19-95 813/228-8530
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
L. David Shear, Secretary/Treasurer/Director

0200600 CP