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FILED
May 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G65647** **(1)**

1. Corporation Name
SHAMROCK SERVICES, INC.

Principal Place of Business	Mailing Address
3159 SHAMROCK DRIVE SOUTH P.O.BOX 13117 TALLAHASSEE FL 32317-0117	3159 SHAMROCK DR. S. P.O. BOX 12129 TALLAHASSEE FL 32317-2129

3. Date Incorporated or Qualified: **10/19/1983**
3a. Date of Last Report: **04/27/1996**

2. Principal Place of Business (21): 2a. Mailing Address (26)
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27)
City & State (23): City & State (28)
Zip (24): Country (25): Zip (29): Country (30)

4. FEI Number: **59-2334480** ☐ 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

MCCUE, WILLIAM G JR.
3159 SHAMROCK SOUTH
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCUE, WILLIAM, JR.		1.2 NAME		
STREET ADDRESS	3159 SHAMROCK SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	DANNENHAUER, DANIEL G		2.2 NAME	Humphrey, Harold M.	
STREET ADDRESS	P.O. BOX 6186 N/A		2.3 STREET ADDRESS	9500 S. Dadeland Blvd	
CITY-ST-ZIP	FT MYERS FL 33911-6186		2.4 CITY-ST-ZIP	Miami, Fl 33156	
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☐ Change ☒ Addition
NAME	PATE, LINDA A		3.2 NAME	Gregory, Gary M.	
STREET ADDRESS	3159 SHAMROCK SOUTH		3.3 STREET ADDRESS	770 South Dixie Highway	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Coral Gables, Fl 33146	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HARDEN, M C III		4.2 NAME	Boyd, James E.	
STREET ADDRESS	806 RIVERSIDE AVENUE		4.3 STREET ADDRESS	410 43RD St. West Suite J.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Bradenton, Fl 34206	
TITLE	D	☒ DELETE	5.1 TITLE	D.	☐ Change ☒ Addition
NAME	HORTON, EARL E JR		5.2 NAME	Johnson, Scott J.	
STREET ADDRESS	601 BAYSHORE BOULEVARD, #980		5.3 STREET ADDRESS	3159 Shamrock South	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE		☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: W. G. McCue, Jr. (FILED) W. G. McCue, Jr. 5/28/97 904 893 4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #