

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 3159 SHAMROCK DRIVE SOUTH P.O. BOX 13117 TALLAHASSEE FL 32317-0117			Mailing Address 3159 SHAMROCK DR. S. P.O. BOX 12129 TALLAHASSEE FL 32317		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1983	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-2334480	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	☒ DELETE		1.1 TITLE	V	☐ Change ☒ Addition	
NAME	HUMPHREY, HAROLD M			1.2 NAME	Hall, Barbara B.		
STREET ADDRESS	9500 S. DADELAND BLVD.			1.3 STREET ADDRESS	605 N.E. First St.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Gainesville, FL 32601		
TITLE	ST	☐ DELETE		2.1 TITLE	S/T	☒ Change ☐ Addition	
NAME	GREGORY, GARY M			2.2 NAME	Gregory, Gary M.		
STREET ADDRESS	770 SOUTH DIXIE HIGHWAY			2.3 STREET ADDRESS	770 S. Dixie Hwy.		
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP	Coral Gables FL 33146		
TITLE	D	☒ DELETE		3.1 TITLE	P	☐ Change ☒ Addition	
NAME	BOYD, JAMES E			3.2 NAME	McCue, William G. Jr.		
STREET ADDRESS	410 43RD ST WEST, STE. I			3.3 STREET ADDRESS	3159 Shamrock S.		
CITY-ST-ZIP	BRADENTON FL			3.4 CITY-ST-ZIP	Tallahassee FL 32308		
TITLE	D	☐ DELETE		4.1 TITLE	D	☒ Change ☐ Addition	
NAME	JOHNSON, SCOTT J			4.2 NAME	Johnson, Scott J.		
STREET ADDRESS	3159 SHAMROCK SOUTH			4.3 STREET ADDRESS	3159 Shamrock S.		
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP	Tallahassee FL 32308		
TITLE	D	☒ DELETE		5.1 TITLE	D	☐ Change ☒ Addition	
NAME	HORTON, EARL E JR			5.2 NAME	DeJong, Dirk		
STREET ADDRESS	601 BAYSHORE BOULEVARD, #980			5.3 STREET ADDRESS	1314 E. Atlantic Blvd.		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	Pompano Beach, FL 33060		
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			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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. W. G. McCue Jr.

CR2E034 (10/97)