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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G65647

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1983

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

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: Grady, Jeffrey W.
82 Street Address (P.O. Box Number is Not Acceptable): 3159 Shamrock South
83
84 City: Tallahassee FL 85 Zip Code: 32308

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] DATE: 3/23/99
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	V	☒ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	HALL, BARBARA B		1.2 NAME	Baker, Gregory E.	
STREET ADDRESS	605 N.E. FIRST ST		1.3 STREET ADDRESS	61 Cordova Street	
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CITY-ST-ZIP	St. Augustine FL 32084	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, GARY M		2.2 NAME		
STREET ADDRESS	770 SOUTH DIXIE HIGHWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCUE, WILLIAM G JR		3.2 NAME		
STREET ADDRESS	3159 SHAMROCK S		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, SCOTT J		4.2 NAME		
STREET ADDRESS	3159 SHAMROCK SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEJONG, DIRK		5.2 NAME		
STREET ADDRESS	1314 E ATLANTIC BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	P	☐ Change ☒ Addition
NAME			6.2 NAME	Grady, Jeffrey W.	
STREET ADDRESS			6.3 STREET ADDRESS	3159 Shamrock South	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tallahassee FL 32308	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] 2/3/99 850 893-4155
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #