FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 5:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # J29032 (6)

1. Corporation Name

SHELDON MAINTENANCE SERVICE, INC.

Principal Place of Business

% GARY K. SHELDON
P.O. BOX 422341
KISSIMMEE FL 34742-9341

Mailing Address

% GARY K. SHELDON
P O BOX 422341
KISSIMMEE FL 34742-9341

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1986

3a. Date of Last Report: 08/23/1994

4. FEI Number: 59-2836412 — 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

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	10. Name and Address of New Registered Agent
SHELDON, GARY K. 1890 MATHIS RD ST. CLOUD FL 34771	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 20 Indiana Avenue 83 84 City: St. Cloud FL 85 Zip Code 34769

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	P/D/S/T ☐ Change ☒ Addition
NAME	SHELDON, GARY K.	12 NAME	Sheldon, Gary K.
STREET ADDRESS	1890 MATHIS RD	13 STREET ADDRESS	20 South Indiana Avenue
CITY-ST-ZIP	ST. CLOUD FL	14 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Gary K. Sheldon 3-15-95 407-957-6674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462274 FP