

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J70754

(3)

1. Corporation Name
SHERHO, INC.



Principal Place of Business

7847 SIMINOLE MALL
SEMINOLE FL 34642

Mailing Address

845 S. GULFVIEW BLVD.
#204
CLEARWATER BEACH FL 34630

3. Date Incorporated or Qualified
05/04/1987

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

HODGE, DONNA
845 S. GULFVIEW BLVD.
#204
CLEARWATER FL 34630

4. FEI Number
59-3801419

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

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 officer 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 of Registered Agent (Typed Name and Title)

Signature of Registered Agent (Typed Name and Title)

DATE

12. OFFICERS AND DIRECTORS

NAME: P HODGE, DONNA M.
STREET ADDRESS: 845 GULFVIEW BLVD., #204
CITY-STATE-ZIP: CLEARWATER BEACH FL 34630
NAME: V SHERRARD, HENRY
STREET ADDRESS: 845 GULFVIEW BLVD., #204
CITY-STATE-ZIP: CLEARWATER BEACH FL 34630
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
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CITY-STATE-ZIP: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP
2. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
3. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP
4. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
5. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP
6. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-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)(k), 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 Back 12 or Back 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96 8135926993
Date Signature

CR2E034 (12/95)