

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 23 1998 8:00am  
Secretary of State

DOCUMENT # **J70754** (3)  
1. Corporation Name  
**SHERHO, INC.**

Principal Place of Business Mailing Address  
7847 SIMINOLE MALL 845 S. GULFVIEW BLVD.  
SEMINOLE FL 34642 #204  
CLEARWATER BEACH FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/04/1987**  
4. FEI Number **59-3801419** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 **6974 22ND AVE N** 2a. Mailing Address  
Suite, Apt. #, etc. 26  
22 City & State 27 Suite, Apt. #, etc.  
23 **St PETERSBURG, FL** 28 City & State  
Zip 29 Country 30 Zip Country  
24 **33710** 25 **PINELLAS**

9. Name and Address of Current Registered Agent

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

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HODGE, DONNA M.</b>	
STREET ADDRESS	<b>845 GULFVIEW BLVD., #204</b>	
CITY-ST-ZIP	<b>CLEARWATER BEACH FL 34630</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SHERRARD, HENRY</b>	
STREET ADDRESS	<b>845 GULFVIEW BLVD., #204</b>	
CITY-ST-ZIP	<b>CLEARWATER BEACH FL 34630</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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:

*Donna M. Hodge* **12-98 813-344-7367**

CR2E034 (10/97)