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

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REP	// // // // // // // // // // // // //		Secret	B. Mortham ary of State CORPORATIONS	Secretar	y of State
	OCUMENT Corporation Name SHIRLEY CONSTI			(5) L, INC.	Autoria de Peres de Ma)	1181) 8181 8181 8181 8181 8181 8181 881 8
Principal Place of Business % THOMAS L. SHIRLEY 18440 PAULSON DR. UNIT F PORT CHARLOTTE FL 33954 US			% 18	Mailing Address THOMAS L. SHIRLEY 440 PAULSON DR. UNI DRT CHARLOTTE FL 33		3. Date Incorporated or Qualified 3a. Date of Last Report	
						05/26/1987	03/05/1996
2. F 21	Principal Place of Busi	riess	28 26	Mailing Address		4. FEI Number 59-2823677	Applied For Not Applicable
S	Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	City & State		27	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
, Z	⁷ ip	Country		Zιp	Country	8. This corporation has liability for in	
24	9, Name	25 and Address of Cur	rrent Regis	stered Agent		Florida Statutes 10. Name and Address of New Plan	Yes No
	SHIRLEY, THO	MAS L.	<u></u> -		81 Name		
	18440 PAULSO				82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
	PORT CHARLO	TTE FL 33954			<u></u>		
					83	-	
					84 City		FL 85 Zip Code
íï.	Pursuant to the provis	sions of Sections 607.	.0502 and 6	607.1508. Florida Stati	ites, the above-named cor	rporation submits this statement for the p	
•	office or registered a	gent, or both, in the S	State of Flori	ida. Such change was	authorized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
	CONTRACTOR CONTRACTOR			of Section 607 0505. F	-londa Statutes	• •	
	NATURE		onganoris e	of, Section 607.0505, F	-lorida Statutes.	•	
IGI	NATURI Signature, type	d or purified name of registere	ed agent and tilk	ie il applicable (NC	OTE: Registored Agent signature requ	uired when reinstating)	DATE
IGI 12 .	Signature, type		ed agent and tilk	e dapplicable (NC CTORS	DTE Registered Agent signature requ		DATE ERS AND DIRECTORS IN 12
IGI 12. IIILE	Signature, lype	d or ported name of registere OFFICERS	ed agent and tilk	ie il applicable (NC	DTE: Registored Agent signature requirements 13.	uired when reinstating)	DATE
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624-3887 Daytime Phone #

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