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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J86611 (7)

1. Corporation Name
SHERRILL ENTERPRISES, INC.

Principal Place of Business

2618 ABERCORN ROAD
JACKSONVILLE FL 32211
US

Mailing Address

2618 ABERCORN ROAD
JACKSONVILLE FL 32211-3835
US

2. Principal Place of Business

21 PO Box 434
Suite, Apt. #, etc.

22 City & State

23 HORSHOE BEACH, FL

24 Zip 32648 Country USA

2a. Mailing Address

26 PO Box 434
Suite, Apt. #, etc.

27 City & State

28 HORSHOE BEACH, FL

29 Zip 32648 Country USA

9. Name and Address of Current Registered Agent

AKEL, EDWARD C.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DR
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
07/30/1987

3a. Date of Last Report
03/26/1996

4. FEI Number
59-2829139

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 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 filer (if applicable)

(If filer is Registered Agent, signature required when filing electronically)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	SHERRILL, KATHERINE	2618 ABERCORN ROAD	JACKSONVILLE FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	☐	☐	☐
2.1	2.2	2.3	2.4	☐	☐	☐
3.1	3.2	3.3	3.4	☐	☐	☐
4.1	4.2	4.3	4.4	☐	☐	☐
5.1	5.2	5.3	5.4	☐	☐	☐
6.1	6.2	6.3	6.4	☐	☐	☐

14. I do 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 checked) on an attachment to this address.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]*

CR2E034 (9/96)