SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K17143** **(4)**

1. Corporation Name
SHELLENBERGER FINANCIAL GROUP, INCORPORATED

Principal Place of Business	Mailing Address
701 N. HERCULES #C P.O. BOX 7731 CLEARWATER FL 34618	701 N. HERCULES #C P.O. BOX 7731 CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1988
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2866208 ☐ 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

9. Name and Address of Current Registered Agent

ROBERT E. SHELLENBERGER, JR.
701 N HERCULES AVE
STE. C
CLEARWATER FL 34625

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 _____ DATE
(Signature, typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	P/T	☒ Change ☐ Addition
NAME	SHELLENBERGER, ROBERT E JR	12 NAME	Shellenberger, Robert E. Jr.	
STREET ADDRESS	409 FLAMINGO CIR	13 STREET ADDRESS	409 Flamingo Circle	
CITY ST ZIP	PALM HARBOR FL	14 CITY ST ZIP	Palm Harbor, Fl 34683	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	SHELLENBERGER, ROBERT E. J	22 NAME	Cramer, Jennifer J.	
STREET ADDRESS	409 FLAMINGO CIR.	23 STREET ADDRESS	4417 Timber Terrace Circle	
CITY ST ZIP	PALM HARBOR FL	24 CITY ST ZIP	Tampa, FL 33624	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	HANNAH, TERRY	32 NAME	Hannah, Terry	
STREET ADDRESS	1423 COASTAL PLACE	33 STREET ADDRESS	8706 Cove Court	
CITY ST ZIP	DUNEDIN FL	34 CITY ST ZIP	Tampa, FL 33615	
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		

CR2E034 (3/95)

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] Robert E. Shellenberger Jr. 7/24/95 (813) 441-3363
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0167683 FP