

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K53036**

Corporation Name
SHOM, INC.

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90007 027 ***550.00



Principal Place of Business
19 LAKE COMO DRIVE
18 MAGNOLIA STREET
POMONA PARK FL 32181
S

Mailing Address
RT 1 BOX 705
118 MAGNOLIA STREET
POMONA PARK FL 32181
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/14/1988	
City & State		City & State		4. FEI Number	
Zip		Zip		59-2922071	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
30		31		6. Election Campaign Financing	
32		33		<input type="checkbox"/> \$5.00 May Be Added to Fees	
34		35		8. This corporation owes the current year	
36		37		Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NETTLES, TROY A.
118 MAGNOLIA ST
CRESCENT-CITY-FL 32112

10. Name and Address of New Registered Agent

81 Name **Troy A. NETTLES**
82 Street Address (P.O. Box Number is Not Acceptable) **219 Lake Como Drive**
83
84 City **Pomona Park** FL 85 Zip Code **32181**

I, 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 *Troy A. Nettles* **Troy A. Nettles** **5 July 99**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	<input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		1.2 NAME	Troy A. NETTLES
REET ADDRESS		1.3 STREET ADDRESS	219 Lake Como Drive
Y-ST-ZIP		1.4 CITY-ST-ZIP	POMONA PARK FL 32181
LE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Troy A. Nettles* **Troy A. Nettles** **5 July 99** **904 649 5400**
Signature, type or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)