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% SHAUGHNESSY HART

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L41572

1. Corporation Name

Principal Place of Business

SIGNATURE:

645 W. VASSER

SHAUGHNESSY HART & ASSOCIATES, INC.

2701 ARDSLEY DR 2701 ARDSLEY DR DO NOT WRITE IN THIS SPACE ORLANDO FL 32804 ORLANDO FL 32804 3. Date incorporated or Qualifed US 01/03/1990 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2984878 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. ... 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing **\$5.00** May Be City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year intangible Zip Zip Country □No Yes Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HART, SHAUGHNESSY 82 Street Address (P.O. Box Number is Not Acceptable) 2701 ARDSLEY DR ORLANDO FL 32804 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE TITLE HART, SHAUGHNESSY S. 1.2 NAME NAME 2701 ARDSLEY PL 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TITLE ☐ Change D TITLE HART, BURCH D. 2.2 NAME NAME 2.3 STREET ADDRESS 2701-ARDSLEY PL STREET ADDRESS ORLANDO FL 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS أركم أألم 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 with all the rike empowered.

FILED Apr 21, 1999 8:00 am Secretary of State

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