

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



OFFICE OF SECRETARY OF STATE  
Barbara B. Sklarburt  
Secretary of State  
Tallahassee, Florida 32399-0400

FILED

95 MAY -1 AM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L41716** (6)

SHANKS DESIGN GROUP, INC.

Principal Office - Tallahassee, Florida  
C/O MARK SHANKS  
521 CHERRY TREE STREET - P. O. BOX 658  
EUSTIS FL 32726-4459

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EUSTIS FL 32726-4459

DO NOT WRITE IN THIS SPACE

3. Date incorporated or accepted <b>01/05/1990</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-2994179</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under the Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office - Tallahassee <b>21</b>	2a. Mailing Address <b>26</b>
22. State of Florida <b>22</b>	27. State of Florida <b>27</b>
23. City & State <b>23</b>	28. City & State <b>28</b>
24. City <b>24</b>	25. City <b>25</b>
29. City <b>29</b>	30. City <b>30</b>

9. Name and Address of Current Registered Agent  
**SHANKS, MARK  
521 CHERRY TREE STREET  
EUSTIS FL 32726**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address if P.O. Box Number is Not Acceptable  
83.  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of sections 607.0205 and 607.0206, Florida Statutes, the officers and directors of this corporation have authorized the Secretary of State to accept the filing of this report on behalf of the corporation and to file the same on its behalf.

12. OFFICERS AND DIRECTORS

1. NAME	<b>D SHANKS, MARK</b>
2. STREET ADDRESS	<b>521 CHERRY TREE STREET</b>
3. CITY & STATE	<b>EUSTIS FL</b>
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS BY:

16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	
18. CITY & STATE	
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS	
21. CITY & STATE	
22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	
24. CITY & STATE	
25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. STREET ADDRESS	
27. CITY & STATE	
28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. STREET ADDRESS	
30. CITY & STATE	

14. The filer hereby certifies that the information supplied with this filing is voluntarily furnished and is true and correct. The filer also certifies that the information is true and correct and that the filer is an officer or director of the corporation or the receiver or trustee of the corporation.

SIGNATURE: *Mark Shanks* **MARK SHANKS**  
MONITOR AND SUPERVISOR OF REGISTERED OFFICERS OF CORPORATION

4/27/95 (904) 483-2120