FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 10:12

DOCUMENT # L67961 (7)

1. Corporation Name
DELTA SHAMROCK ENTERPRISES, INC.

Principal Place of Business
~~4000 ST JOHNS AVE~~ ~~STE 13A~~
JACKSONVILLE FL 32205
US

Mailing Address
P.O. BOX 40105
JACKSONVILLE FL 32203-0105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1990
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business
21: 4560 LENOX AVE
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3016706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $9.75 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

O'CONNOR, JOHN W.
~~4000 ST. JOHNS AVENUE~~
~~SUITE #13A~~
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): ~~4560~~ LENOX AVE
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: John W. O'Connor / John W. O'Connor / DATE: 1/17/95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	1.1 TITLE		☒ Change ☐ Addition
NAME	DRIGGERS, DEBBIE, J.	1.2 NAME		
STREET ADDRESS	~~4000 ST. JOHNS AVE #13A~~	1.3 STREET ADDRESS	4560 LENOX AVE ~~P.O. Box 40105~~	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32205	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, JOHN, W.	2.2 NAME		
STREET ADDRESS	~~4000 ST. JOHNS AVE #13A~~	2.3 STREET ADDRESS	4560 LENOX AVE	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	32205	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DRIGGERS, DEBBIE J.	3.2 NAME		
STREET ADDRESS	~~4000 ST. JOHNS AVE #13A~~	3.3 STREET ADDRESS	4560 LENOX AVE	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	32205	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: John W. O'Connor/President / J.W. O'Conn 1/17/95 904/384-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028330 CP