

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L67961 (7)

1. Corporation Name

DELTA SHAMROCK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4560 LENOX AVE
~~STE 15A~~
JACKSONVILLE FL 32205
US

P.O. BOX 40105
JACKSONVILLE FL 32209-0105



3. Date Incorporated or Qualified
04/24/1990

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
59-3016706

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

10. Name and Address of New Registered Agent

O'CONNOR, JOHN W.
4560 LENOX AVE
~~SUITE 15A~~
JACKSONVILLE FL 32205

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

Signature of person authorized to register agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
VST
DRIGGERS, DEBBIE, J.
4560 LENOX AVE
JACKSONVILLE FL

1.2 NAME

STREET ADDRESS
PD
O'CONNOR, JOHN, W.
4560 LENOX AVE
JACKSONVILLE FL

1.3 STREET ADDRESS

CITY, ST, ZIP
D
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

1.4 CITY-ST-ZIP

TITLE
NAME
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

2.1 TITLE

STREET ADDRESS
D
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

2.2 NAME

CITY, ST, ZIP
D
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

2.3 STREET ADDRESS

TITLE
NAME
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

2.4 CITY-ST-ZIP

STREET ADDRESS
D
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

3.1 TITLE

CITY, ST, ZIP
D
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

3.2 NAME

TITLE
NAME
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

3.3 STREET ADDRESS

CITY, ST, ZIP
D
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

3.4 CITY-ST-ZIP

STREET ADDRESS
D
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

4.1 TITLE

TITLE
NAME
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

4.2 NAME

CITY, ST, ZIP
D
DRIGGERS, DEBBIE J.
4560 LENOX AVE
JACKSONVILLE FL

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)