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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71601

(3)

SHAMROCK LAND & DEVELOPMENT INC.

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Mailing Address

FILED Jan 15 1998 8:00am Secretary of State



% JUNE T O'ROCK % JUNE T O'ROCK 4601 BRADY - O'ROCK RD 4601 BRADY - O'ROCK RD ST CLOUD FL 34772 ST CLOUD FL 34772 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3056599 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name O'ROCK, JUNE T. 4601 BRADY - O'ROCK RD Street Address (P.O. Box Number is Not Acceptable) ST CLOUD FL 34772 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable egistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE __ Change Addition TITLE O'ROCK, JUNE T 1.2 NAME NAME 4601 BRADY - O'ROCK RD 1.3 STREET ADDRESS STREET ADDRESS ST CLOUD FL CITY - ST - ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change ___ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 6.4 CITY-ST-ZIP

14. 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: DE CONTRED

Jan 9, 1998 407/892-6069

CHZE034 (10/97)