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Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L76969 (9)

1. Corporation Name  
SHAMROCK ASSOCIATES, INC.



Principal Place of Business  
3007 WAINWRIGHT CT  
NEW PT RICHEY FL 34655-3529  
US

Mailing Address  
3007 WAINWRIGHT CT  
NEW PT RICHEY FL 34655-3529  
US

3. Date Incorporated or Qualified 05/29/1990  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business  
21 368 HAMPSHIRE AVENUE

2a. Mailing Address  
26 SAME

4. FEI Number 59-3019812  
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State  
23 SPRING HILL FLORIDA

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34606 Country USA

28 Zip Country

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

SHEEHAN, ELIZABETH A.  
3007 WAINWRIGHT CT  
NEW PT RICHEY FL 34655

81 Name SHEEHAN, ELIZABETH A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
368 HAMPSHIRE AVENUE

83  
84 City SPRING HILL FL 85 Zip Code 34606

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 Elizabeth A. Sheehan ELIZABETH A. SHEEHAN 1/28/97  
Signature of registered agent or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP  
NAME SHEEHAN, ELIZABETH A.  
STREET ADDRESS 3007 WAINWRIGHT CT  
CITY-ST-ZIP NEW PT RICHEY FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 368 HAMPSHIRE AVENUE  
1.4 CITY-ST-ZIP SPRING HILL FL 34606

TITLE DTS  
NAME SHEEHAN, ROBERT J.  
STREET ADDRESS 3007 WAINWRIGHT CT  
CITY-ST-ZIP NEW PT RICHEY FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 368 HAMPSHIRE AVENUE  
2.4 CITY-ST-ZIP SPRING HILL FL 34606

TITLE DV  
NAME SHEEHAN, DANIEL J.  
STREET ADDRESS RT.2-BOX 1250  
CITY-ST-ZIP MCGAHEYSVILLE VA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Robert J. Sheehan 1/28/97 (352) 666-8490  
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)