| FII | F | NOW- | FILING | FFF | AFTFR | ΜΔΥ | 1 ST | 18 | \$550 | ΩΩ |
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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L76969

(9)

FILED
Jan 28 1998 8:00am
Secretary of State

| SHAMROCK ASSOCIATES, INC. | | | | | | | | | | |
|---------------------------|---|--|--|-----------------|--------------------------------------|----------------------------------|------------------------------|----------------|--------------|--------------------------------|
| | | | | | | | | | | |
| Principal Plac | re of Business | Mailing Address | | | Ⅱ | | | | | |
| 268 HAMPSH | | 368 HAMPSHIRE AVE | | | | | | | | |
| SPRINGHILL I | | | | ŀ | _ | ~ ~ | ** ** *** *** | 204.05 | | |
| US | | US | | | 3 Date | Incorporated | | TE IN THIS | SPACE | |
| | | | | | | /29/1990 | O Qualifie | - | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | - · · · · · · · · · · · · · · · · · · · | | | Number | | | Α . | Applied For |
| 21 | | 26 | | | 5 | 9-3019812 | | | | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Cert | ificate of Statu | s Desired | × | | Additional Required |
| 22 City & Stat | | City & State | | | - Floo | tion Campaig | n Eineneine | | | May Be |
| 23 | | 28 | | | 1 | tion Campaig t Fund Contrib | _ | | | May Be i to Fees |
| Zip | Country | Zip Country | | | 8. This | corporation o | wes or has | paid the cu | rrent year l | ntangible |
| 24 | 25 | 29 30 | ו | | | onal Property | | | | No |
| | 9. Name and Address of Current | Registered Agent | 81 | None | 10. Nan | ne and Addre | ss of New I | Registered | Agent | |
| | IZABETH, SHEEHAN A | | 81 | Name | | | | | | ٠ |
| | 8 HAMPSHIRE AVE. RINGHILLHILL FL 34606 | | 82 | Street A | Address (P.O. B | ox Number is | Not Accept | :able) | | |
|) P | NINGHILLHILL FL 34000 | | 83 | | | | • | | | |
| | | | | 0,5 | | | | | | 0.4 |
| | | | 84 | - | | | | FL | _ ' | Code |
| 11. Pursuant | to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligat | and 607,1508, Florida Statutes, | the above | e-named | corporation sub | mits this state | ment for the | purpose c | f changing | its registered |
| agent. I a | registered agent, or both, in the State of am familiar with, and accept the obligat | ir Florida. Such change was aut ions of, Section 607.0505, Floric | nonzeo by ia Statutes | , rue corb e | ogration's board | or directors. | nereby acc | ept the app | Somment as | s registered |
| SIGNATURE | | | | | | | | | | |
| 10 | Signature, typed or printed name of registered agent OFFICERS AND | | egistered Age | ent signature i | required when reinsta | (ing) FIONS/CHAN(| SES TO OF | DATE | O DIRECTO | PS IN 12 |
| 12. | CDP | ☐ DELETE | 1.1 TITLE | | 17 | | | | ☐ Change | |
| NAME | SHEEHAN, ELIZABETH A. | _ | 1.2 NAME | | MICHAE | L R. | SHE | ehan | | ^ |
| STREET ADORESS | 368 HAMPSHIRE AVE | | 1.3 STREET | ADDRESS | MICHAE | HOYT | AVE | NUE | _ | |
| CITY-ST-ZIP | SPRINGHILL FL | | 1.4 CITY - S | T-ZIP | EVERE | TT | NA | 9820 | | |
| TITLE | DTS | ☐ DELETE | 2.1 TITLE | | | | | | L Change | L.J. Addition |
| NAME | SHEEHAN, ROBERT J. 368 HAMPSHIRE AVE | | 2.2 NAME | | | | | _ | | |
| STREET ADDRESS | SPRINGHILL FL | | 2.3 STREET 2. 4 CITY - 5 | | | | | v Ť | | |
| CITY-ST-ZIP | DV | DELETE | 3.1 TITLE | 51-4IF | | | | | Change | Addition |
| NAME | SHEEHAN, DANIEL J | X | 3,2 NAME | | | | | | | |
| STREET ADDRESS | RT.2-BOX 1250 | | 3.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MCGAHEYSVILLE VA | | 3.4. CMY-5 | ST-ZIP | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | | | 4, 2 NAME | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | | | "45 [#] | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - S 5.1 TITLE | T-ZIP | | | | | Спалде | ☐ Addition |
| TITLE NAME | | | 5.1 TITLE 5.2 NAME | | | 1 | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | | | Í |
| CITY-ST-ZIP | | | 5.4 CITY - S | I | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | • | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | | | |
| CITY - ST - ZIP | | 16 - Ch - The - Cr - C | 6.4 CITY - S | | 41- 0- de 44 | 0.07(0)(3) E | Ida Otta | 1 6t | | Tinformed = |
| 14. I hereby | certify that the information supplied wit | n this filling does not quality for t | ne exemp | tion stated | ra in Section 119 nature shall be | a.U/(3)(I), HOI a tha sama la | iua Siaiutes dal effect a | . I TUTTNET CO | arary man th | e information nat I am an |

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 applicas.

666-8490