

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # M67675

(2)

95 JUL 24 AM 11:15

1. Corporation Name
LOU-SHEL, INC.

Principal Place of Business
**P O BOX 6370
 VERO BEACH FL 32963-1688**

Mailing Address
**P O BOX 6370
 VERO BEACH FL 32963-1688**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/01/1988** 3a. Date of Last Report **05/14/1994**

4. FEI Number **59-2871354** 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**

7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
 21 **1496 Corona Lane** 26 **1496 Corona Lane**

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
 23 **VERO Beach FL** 28 **VERO Beach FL**

City, State, Zip City, State, Zip
 24 **32960** 25 **USA** 29 **32960** 30 **USA**

9. Name and Address of Current Registered Agent

**FENNELL, DARRELL
 979 BEACHLAND BLVD.
 VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name **LOUIS E. PERKINS**
 82 Street Address (P.O. Box Number is Not Acceptable) **4005 20th Street**
 83
 84 City **VERO Beach** FL 85 Zip Code **32960**

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 *Louis E. Perkins* **LOUIS E. PERKINS** DATE **JULY 12, 1995**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERKINS, LOUIS
STREET ADDRESS	4005 20TH ST.
CITY, ST, ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☒ Addition
22 NAME	Shelby H. PERKINS
23 STREET ADDRESS	4005 20th Street
24 CITY, ST, ZIP	VERO Beach, FL 32960
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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: *Louis E. Perkins* **LOUIS E. PERKINS** DATE **7/12/95** **407-567-9696**

CR2E034 (3/95)