FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M98740** **(7)**

1. Corporation Name
SHEDCO, INC.

Principal Place of Business	Mailing Address
C/O STEVEN C. AMES 4161 ROLLINGS SPRINGS DRIVE TAMPA FL 33624	C/O STEVEN C. AMES 4161 ROLLINGS SPRINGS DRIVE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: c/o Bruce D. Dee
22 Suite, Apt. #, etc.: 1167 Third Street S., Suite
23 City & State: Naples, FL
24 Zip: 33940
25 Country: Collier

2a. Mailing Address
26: c/o Bruce D. Dee
27 Suite, Apt. #, etc.: 101 1167 Third Street S., Suite 101
28 City & State: Naples, FL
29 Zip: 33940
30 Country: Collier

4. FEI Number: 59-2908513 ☐ 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

AMES, STEVEN C.
4161 ROLLING SPRINGS DR
TAMPA FL 33624

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	XX Change ☐ Addition
NAME	AMES, STEVEN C.	1.2 NAME		
STREET ADDRESS	4161 ROLLING SPRINGS DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	D	XX Change ☐ Addition
NAME	MEYERSON, STEVE	2.2 NAME		
STREET ADDRESS	350 BURBANK	2.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	D	XX Change ☐ Addition
NAME	DEE, BRUCE D.	3.2 NAME		
STREET ADDRESS	1167 3RD ST S.	3.3 STREET ADDRESS	285 Bahia Point	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: _____ 4/26/95 (813) 220-0452
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
Steven C. Ames, Director

0000687 CP