PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200001217

1. Corporation Name

SHELBY L., INC.

Principal Flace of Business

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90128 007 ***150.00



| 907 WHITTINGHAM COURT LAKE MARY FL 32746 | | 807 WHITTINGHAM COURT LAKE MARY FL 32746 | | | DO NOT WRIT | E IN TH | IS SPA | CE | | |
|---|--|---|-------------------|-------------|---|---|------------|---------|---------------|--------------|
| | | | | | | 3. Date Incorporated or Qualifed 11/02/1992 | | | | |
| 2. Principal Pla | ace of Business | 2a, Mailing Address | , Mailing Address | | | 4. FEI Number | | | Ap lied For | |
| 21 | | 26 | | | | 59-3149083 | | | No Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Additional | | | | dditional |
| 22 | | 27 | | | | 5. Certifcate of Status Desired | | | Fee Re | quired |
| City & 5 tate |) | City & State | | | | 6. Election Campaign Financing | | \$ | 5.00 | vlay Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | Added_te | Fees |
| Zip | Country | Zip | Count | ry | | 8. This corporation owes the curre | nt year li | ntangib | le | |
| 24 | 25 | 29 | 29 30 | | | Personal Property Tax. | | | | □No |
| | 9. Name and Address of Curren | Registered Agent | | | | 10. Name and Address of New R | egistere | d Ágen | t | |
| | | | 8 | 1 | Name | | | | | |
| CUR | | 8 | 2 | Street Addr | ss (P.O. Bo:: Number is Not Acceptable) | | | | | |
| | WHITTINGHAM COURT | | _ | L_L | | | | | | |
| LAKE | MARY FL 32746-P | | 8 | 3 | | | | | | |
| | | | 8 | 4 | City | | F | 85 | Zip C | ode |
| agent. I ar | egistered agent, or both, in the State on familiar with, and accept the obligation | tions of, Section 607.0505, FI | orida Statute | es. | | n's board of directors. I hereby accep | | | | |
| | Signature, typed or printed na ne of registered agen | | _ | gent | signature require | d when reinstating) | DATE | NID OI | DECTÓ | DC IN 42 |
| 12. | | () DIRECTORS | 13. | | —т- | ADDITIONS/CHANGES TO OFF | ICERS | | Change | Addition |
| †III_E | P | ☐ DELETE | 1.1 TITLE | | 1 | | | υ, | vi ia il ye | [_] Addition |
| NAME | CURBOY, DAWN L | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 807 WHITTINGHAM COURT | | 13 STRE | ΕŤ | ADDRESS | | | | | |
| CITY-ST-ZIP | LAKE MARY FL | | 14 CITY | | ZIP | | | | `hansa | Addition |
| TITLE | \$ | ☐ DELETE | 2.1 TITLE | | - | | | □, | Change | L Addition |
| NAME | Curboy, Robert E | | 22 NAME | Ε | | | | | | |
| STREET ADDRE 3S | 807 WHITTINGHAM COURT | | 2.3 STRE | EET, | ADDRES\$ | | | | | |
| CITY-ST-ZIP | LAKE MARY FL | | 2.4 CITY | _ | T-ZIP | | | | 36 | C7 Addition |
| TITLE | | ☐ DELETE | 31 TITLE | Ε | | | | Π, | Change | Addition |
| NAME | | | 3.2 NAME | E | } | | | | | |
| STREET ADDRE IS | | | 33 STRE | EET. | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY | · ST | T-ZIP | | | | <u></u> | |
| TITLE | | ☐ DELETE | 4.1 TITLE | Ė | | | | □' | Change | Addition |
| NAME | | | 4. 2 NAM | Æ | | | | | | |
| STREET ADDRESS | | | 4.3 STRE | EET. | ADDRESS | | | | | ' |
| CITY-ST-ZIP | | <u></u> | 4.4 CITY | ST | ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | | Change | Addition |
| NAME | | | 52 NAM | Ε | | | | | | |
| STREET ADDRESS | | | 5.3 STRE | EET. | ADDRESS | | | | | ! |
| CITY-ST-ZIP | | | 54 CITY | | r-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | E | | | | | Change | ☐ Addition |
| NAME | | | 6.2 NAM | Ε | 1 | | | | | |
| STREET ADDRESS | | | 6.3 STRE | EET | ADDRESS | | | | | |
| once, reported | | | 6.4 CITY | ′-ST | r-ZIP | | | | | |

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further contribute 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 an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E Curboy

407 327 8510

Daytime Phone

CR2E034 (11/98)