

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000014410 (3)

1. Corporation Name

MAURICE'S SHELL, INC.



Principal Place of Business

840 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

Mailing Address

840 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

STORCH, GLENN D
1620 S. CLYDE MORRIS BLVD.
SUITE 300
DAYTONA BEACH FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

02/25/1993

3a. Date of Last Report

07/28/1995

4. FEI Number

59-3187550

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0402 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 obligation of, Sections 607.0405, Florida Statutes.

SIGNATURE

Signature of registered agent or officer or director of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BERGERON, MAURICE H
STREET ADDRESS 840 N DIXIE FREEWAY
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

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NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-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 and any report for supplemental filing 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 this 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 checked. I am attaching my address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 904 4289482

CR2E034 (12/95)