

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 8:57

DOCUMENT # P93000027743 (2)

1. Corporation Name

SHAMROCK INDUSTRIES, INC.

Principal Place of Business

4631 S STATE ROAD 7
DAVIE FL 33314

Mailing Address

4631 S STATE ROAD 7
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

02/07/1994

4. FEI Number

65-0406432

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. 199.03?

Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

711 HOLLY LANE

City & State

PLANTATION, FL.

Zip

33317

2a. Mailing Address

26

Suite, Apt. #, etc.

711 HOLLY LANE

City & State

PLANTATION, FL.

Zip

33317

9. Name and Address of Current Registered Agent

MCGONIGLE, JAMES T
6221 BANYAN TERRACE
PLANTATION FL 33317

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BURKE, JOHN A

STREET ADDRESS

4631 S STATE ROAD 7

CITY - ST - ZIP

DAVIE FL 33314

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

D/P

Change

Addition

12 NAME

JOHN A. BURKE

13 STREET ADDRESS

711 HOLLY LN

14 CITY - ST - ZIP

PLANTATION, FL 33317

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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:

John A. Burke

JOHN A. BURKE

6/20/95

305-741-2810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

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55 JUN 23 1995

DOCUMENT # P93000028011 (3)

1. Corporation Name
NAPLES REFRIGERATION & APPLIANCE SERVICE, INC.

Principal Place of Business Mailing Address
1169 EIGHTH ST S 1169 EIGHTH ST S
NAPLES FL 33940 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/16/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0401515** 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

2. Principal Place of Business 2a. Mailing Address
21 **456 RAVEN WAY NAPLES FL 33942** 26 **456 RAVEN WAY NAPLES FL 33942**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BLAKE, GEORGE P
456 RAVEN WAY
NAPLES FL 33942**

10. Name and Address of New Registered Agent
B1 Name **SAME**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, GEORGE P	1.2 NAME	
STREET ADDRESS	456 RAVEN WAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	1.4 CITY, ST, ZIP	
TITLE	VST	2.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGUE, RONALD C	2.2 NAME	BLAKE, BARBARA
STREET ADDRESS	1169 EIGHTH ST S	2.3 STREET ADDRESS	456 RAVEN WAY
CITY, ST, ZIP	NAPLES FL 33940	2.4 CITY, ST, ZIP	NAPLES FL 33942
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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: George P. Blake 6/20/95 (941) 594-7863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)