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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Montanari
Secretary of State
Tallahassee, Florida 32399-0001**

DOCUMENT # P93000032720 (3)

SHIRLEY M. INVESTMENTS, INC.

1. Principal Office of Corporation 23223 FRONT BEACH ROAD SUITE A-520 PANAMA CITY BEACH FL 32413 US		2a. Mailing Address 23223 FRONT BEACH ROAD SUITE A-520 PANAMA CITY BEACH FL 32413 US		3. Date of Incorporation 05/03/1993		3a. Date of Last Report 05/01/1994	
2. Principal Officer of Corporation 21		2a. Mailing Address 26		4. FFI Number 59-3188401		Agreement For Not Applicable	
22		27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contributions		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent HESS, GLENN L 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32408				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City			
11. Payment of the provisions of Sections 601.09(2) and 601.10(8) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent of 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 601.09(8) Florida Statutes.				85 Zip Code FL			
SIGNATURE							
12. OFFICERS AND DIRECTORS							
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12							
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 601.09(2) and 601.10(8) 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 not be used to make any other statement or filing with the Secretary of State of this corporation or that my name or business name is used in any filing with the Secretary of State of this corporation or that my name appears (black line block) on this filing or changed or on any other filing with an address.							

SIGNATURE: Shirley M. Cobb
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 404/449-7040