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

FILED
95 APR ... PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045362 (9)

1. Corporation Name

SHARKEY ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6808 SIMCA DRIVE JACKSONVILLE FL 32211	6808 SIMCA DRIVE JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip · 25 Country	29 Zip · 30 Country

4. FEI Number: 59-3214359 ☐ 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 is ... Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHARKEY, CRAIG D 6808 SIMCA DRIVE JACKSONVILLE FL 32211	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.

X SIGNATURE CRAIG D. SHARKEY — X 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	CASON, WADE H III	
STREET ADDRESS	6808 SIMCA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☐ Change ☐ Addition
NAME	SHARKEY, CRAIG D	
STREET ADDRESS	6808 SIMCA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☐ Change ☐ Addition
NAME	CASON, DOREEN L	
STREET ADDRESS	6808 SIMCA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing ... Florida Statutes ...

X SIGNATURE: Doreen L Cason — X 4/28/95 — X (904) 743-5819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0406284 FP