

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

CORPORATION
ANNUAL REPORT
1995



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

MAILED
FEB 2 1996

DOCUMENT # P93000045362 (9)

To: Corporation Number

SHARKEY ENTERPRISES INTERNATIONAL, INC.

Principal Office or Headquarters

6808 SIMCA DRIVE
JACKSONVILLE FL 32211

Mailing Address

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 Office or Headquarters

21. SAME
State: Ap. # etc.

2a. Mailing Address

26. SAME
State: Ap. # etc.

4. FFL Number
59-3214359

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. City & State

29. City & State

7. This corporation has adopted the provisions of the 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 Applicable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(6), 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 provisions of Sections 607.04(2) Florida Statutes.

SIGNATURE: CRAIG D. SHARKEY

12. Registered Agent Signature (Typed Name)

X 4/28/95

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	CASON, WADE H III
3. STREET ADDRESS	6808 SIMCA DRIVE
4. CITY & STATE	JACKSONVILLE FL 32211
5. TITLE	D
6. NAME	SHARKEY, CRAIG D
7. STREET ADDRESS	6808 SIMCA DRIVE
8. CITY & STATE	JACKSONVILLE FL 32211
9. TITLE	D
10. NAME	CASON, DOREEN L
11. STREET ADDRESS	6808 SIMCA DRIVE
12. CITY & STATE	JACKSONVILLE FL 32211
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and qualify for the provisions stated in Sections 607.04(2) Florida Statutes. I further certify that the information supplied in this filing complies with the provisions of Sections 607.04(2) Florida Statutes and that the corporation has adopted the provisions of Sections 607.04(2) Florida Statutes. I am familiar with and accept the provisions of Sections 607.04(2) Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Sections 607.04(2) Florida Statutes.

SIGNATURE: Doreen L Cason
SIGNATURE AND TYPED OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR

X 4/28/95 (904) X 743-5819