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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

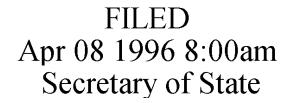
DIVISION OF CORPORATIONS

DOCUMENT # P9300062036 (7)

SHUCKERS ETC., INC.

Principal Place of Business

Mailing Address



|--|

| | BELCHER RD. FL 34643 | | | 5831 HILLSIDE SEMINOLE FL 34642 | | | | | | | | |
|---|--|-----------------------------------|--------------------|---|-----------------|---------|---|--|-----------------------------|------------------|--------------------------|--|
| | _ | | | | | | | 3. Date incorporated or Qualified 09/03/1993 | 3a. Date o | of Last 107/1 | | |
| 2. Princip | oal Place of Busin | 28. | a. Mailing Address | | | | 4. FEI Number | | | Applied For | | |
| | | | | 26 | | | | 59-3209699 Not Applicat | | | | |
| | | | | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional Required | |
| City & 23 | City & State | | | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip 24 | | Country Zij) Count | | | | | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XNo | | | | |
| | 9, Name | and Address of Cu | rrent Regis | tered Agent | | Щ, | | 10. Name and Address of New Re | gistered A | gent | | |
| | | _ | | | | 81 | Name | | | | Į | |
| THOMSON, MARION 5831 HILLSIDE | | | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable |)) | | | |
| SEI | MINOLE FL 346 | 42 | | | | 83 | | | | | | |
| | | | | | | 84 | City | | FL | 85 2 | 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, Soction 607.0505, Florida Statutes. | | | | | | | | | | | | |
| SIGNATU | SIGNATURE | | | | | | | | | | | |
| Signature, typed or pricted name of registered agent and title if application. [NOTE: Registere 12. OF FICERS AND DIRECTORS 13. | | | | | | d Agor | it signature re | <u> </u> | PEON AND I | UDI OT | CODE IN 10 | |
| TITLE | PD | PD DELETE | | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND D | | | | | |
| NAME | 1 , - | N, GLORIA | | | | IAME | | | لببا | O nang- |]; | |
| STREET ADD | 4444 | | 1.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIF | | WATER FL 34616 | - | | - 1 | HTY-\$ | ì | | | |)' | |
| TITLE | VD | | | DELETE. | 2.1 | | | | | Change | Addition | |
| NAME | THOMS | ON, MARION | | | 2.2 NAME | | | | | | | |
| STREET ADD | RESS 5831 H | ILLSIDE | | 2 3 STI | | | ADDRESS | | | | | |
| CITY-ST-ZIF | SEMINO | DLE FL 34642 | | | 240 | ITY-S | T-7IP | | | | | |
| TITLE | | | | ☐ DELETE | 3.1 | TITLE | | | | Change | Addition | |
| NAME | | | | | 3.2 N | 3MAI |) | | | |) | |
| STREET ADD | RESS | | | | 3.3 | STREET | ADDRESS | | | | 1 | |
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| | nrer | | | | | | ADDOLOG | | | | | |
| STREET ADDR | l l | | | | | | ADDRESS | | | | 1 | |
| CITY-ST-ZIP | | Also I ada and a disconnection of | ecolosia e | 60 | 6.40 | ITY-S | I-ZIP | 18 6 N | 7/01/13 Etc. 1 | 67-7 | | |

4. 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)(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

Mario Sharing of Signing Officer of Director

3-12-95 813-531-7800