

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 # P93000064914 (3)

1. Corporation Name

SHELLS OF MELBOURNE, INC.



Principal Place of Business

1490 W NEW HAVEN AVE
MELBOURNE FL 32901
US

Mailing Address

16313 N DALE MABRY HWY
SUITE 100
TAMPA FL 33618

3. Date Incorporated or Qualified
09/08/1993

3a. Date of Last Report
04/04/1995

4. FEI Number

59-3199643

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, GEOFFREY T
501 E KENNEDY BLVD
SUITE 1400
TAMPA FL 33618

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 block applicable

(NOTE: Registered Agent Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HATTAWAY, WILLIAM
STREET ADDRESS 16313 N DALE MABRY HWY SUITE 100
CITY-ST-ZIP TAMPA FL 33618

☐ DELETE

TITLE D
NAME NELSON, WARREN R
STREET ADDRESS 16313 N DALE MABRY HWY, STE 100
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

45

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

55

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

65

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-17-96

CR2E034 (12/95)