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

PROFIT CORPORATION ANNUAL. REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

## P93000081161 (0) **DOCUMENT #**

SHELLS OF STUART, INC.

Principal Place of Business		Mailing Address	Mailing Address			1 18 PHQ 1 116 18 18 18 18 18 18 18 18 18 18 18 18 18	#*** <b>##*#</b> *  # 4	· +188)	evd)	
2107 SE OCEAN BNLVD STUART FL 34996 US		16313 NORTH DALE N SUITE 100 TAMPA FL 33618	****							
US		TRIMPIN FE 33010				<ol> <li>Date Incorporated or Qualified 11/24/1993</li> </ol>		of Last Re <b>/04/199</b>		
2. Principal Pla	ice of Business	2a. Mailing Address	·			4. FEI Number Applied For 65-0457573 Not Applied			Applied For Not Applicable	
Suite. Apt. #	t, etc.	Suite, Apt. #, etc.	k			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	k			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees			
Zıp	Country 25	Zip 29	Country 30	,		<ol> <li>This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No</li> </ol>				
. 9. Name and Address of Current Registered Agent				τ-		10. Name and Address of New Registered Agent				
	·		81		Name					
- HODGES, GEOFFREY T 501 EAST KENNEDY BLVD.			82	İ	Street Addre	ress (P.O. Box Number is Not Acceptable)				
SUITE 14			83							
· TAMPA FL 33602			84	-	City		FL 85 Zip Code			
SIGNATURE.	th, and accept the obligations of, So Signature system or professional registered as	portar stite i Appadator — — (	NOTE Federatoral Age	et:	Signature respoisari		DA"f			
12.	, ,	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		1 Change	Addition	
TIFLE	D LIATTAUNAN MINIMARE	☐ DELETE		1 1 THLE 12 NAME 13 STREET ADDRESS			L	Ghange		
NAME	HATTAWAY, WILLIAM E 16313 N DALE MABRY HW	V CHITE 100								
STREET ADDRESS	TAMPA FL 33618	1., 30112 100	1.5 STREE							
CITY-ST-ZIP	0	DELETE	2 1 T:TLE	_				Change	Addition	
NAME	NELSON, WARREN R		2.2 NAME							
STREET ADDRESS	40040 ALDALE MARDY INAVIOTE 400			ſ	Acidress					
CITY-ST-ZIP	TAMPA FL		2 4 CITY-		ZIP			Character		
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NAME			3 2 NAME		1000000	4000017:		വഹ		
STREET ADDRESS					ADDRESS I-ZIP	-04/26/9601019035 ***2200.00				
CITY-ST-ZIP TITLE	DELETE			3:	1 - 21F	***2200.00	<u> </u>	Change	Addition	
NAME		<b></b>	4.2 NAME							
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CITY - ST - ZIP			4.4 CITY -		1 - 21F				FT 1475	
TITLE	Ī	☐ DELETE	5   Tift#					Change	☐ Addition	
NAME			5.2 NAME						(1)	
STREET ADDRESS					ADDRESS		1.6	< >	46	
CITY-ST-ZIP			5.4 CiTY	S1	1-ZI9		1	<b>∠-</b> ∠		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and cloes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes | further certify that the information indicated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

6 1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY - \$1 - 7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CiTY-ST-ZiP

INTED NAME OF CIGNING OFFICER OR DIRECTOR

DELETE

Cwyta ie Pticne #

Addition