PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083505

1. Corporation Name

Principal Place of Business

SHAMROCK DEVELOPMENT, INC.

108 INDUSTRIAL LOOP N ORANGE PARK FL 32073 US		108 INDUSTRIAL LOOP N ORANGE PARK FL 32073 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/29/1993				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			App	lied For
21	200 01 24011/000	26					59-3217734			Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					- 11.VS - F N	*-/	\$8.	75 A	dditional
22	,, , , , , ,	27					5. Certifcate of Status Desired	X	F	ee Red	quired
City & State	ρ	City & State					6. Election Campaign Financing		\$5	.00	May Be
23	-	28					Trust Fund Contribution Added to Fees				
Zip Country Zip			Country				8. This corporation owes the cur	rent vear Inta	naible		
24	25 29 30			•		Personal Property Tax. Yes □No					□No
24	9. Name and Address of Current		1001	1			10. Name and Address of New	Registered /	Agent		
	5. Teathe and realisse of Gallan.			81	Nan	 ne					
O'BRIEN, JACK T				82 Street Address							
	LOSCO ROAD					et Addres	dress (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32257				83							
0,101	100111122 12 0220			63							
				84	City			FL	85	Zip C	ode
				11							
office or re agent. I a	to the provisions of Sections 607 0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such chan	ge was authorize	ed by i	tne co	prporation	's board of directors. I hereby acce	pt the appoir	tment	as reg	istered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE: Register	ed Agen	ıt signatı	re required v		DATE			
12.	OFFICERS AN	D DIRECTORS	13				ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D		ELETE 1.1	TITLE		ł			CH	ange	Addition
NAME	O Dilizin, onton		1.2 NAME		1					}	
STREET ADDRESS	4365 LOSCO ROAD		13	STREET	ADORE	ss					
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4	CITY-ST	T- ZIP						
TITLE	D			TITLE					Ch	ange	Addition
NAME	MAYHEW, EDWIN W		2.2	NAME							ĺ
STREET ADDRESS	2905 BISHOP ESTATES ROAD				ADDRE	22					
	JACKSONVILLE FL 32259			CITY-S		~					
CITY-ST-ZIP	D	Пп		TITLE	1-ZIP	-			ΠC	ange	[] Addition
TITLE	l -			NAME					_	•	
NAME	COGDILL, JOHN L										
STREET ADDRESS	108 INDUSTRIAL LOOP N			-	ADDRE	55					
CITY-ST-ZIP	ORANGE PARK FL 32073			CITY-S	T-ZIP				□Cr	anne	☐ Addition
TITLE		<u> </u>	ELETE 4.1	TITLE		1				ange	
NAME			4. 2	NAME							
STREET ADDRESS			4.3	STREET	ADORE	SS					
CITY-ST-ZIP			4 4	CITY-\$1	T-ZIP						
TITLE			ELETE 5.1	TITLE		1			C	ange	☐ Addition
NAME			52	NAME							
STREET ADDRESS	•		5.3	STREET	ADDRE	:ss					
CITY-ST-ZIP			54	CITY-S1	T-ZIP	\perp					
TITLE			ELETE 6.1	TITLE					Ct	ange	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

MURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FP9/5/999 Date (904) 264-0800 Daytime Phone #

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90250 043 ***158.75

KZEU34 (11/98)