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 # P94000005013 (5)

1. Corporation Name
SHOCKLEY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2050 OLEANDER BLVD #B1-104 FT PIERCE FL 34950	2050 OLEANDER BLVD #B1-104 FT PIERCE FL 34950

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2603 GREY TWIG LANE	26 2603 GREY TWIG LANE
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 FT. PIERCE, FL	City & State 28 FT. PIERCE, FL
Zip 24 34981 Country 25 ST. LUCIE	Zip 29 34981 Country 30 ST. LUCIE

4. FEI Number: 65-0458431 ☐ 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

9. Name and Address of Current Registered Agent

SHOCKLEY, KENNETH J
2050 OLEANDER BLVD #B1-104
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

B1 Name: KENNETH J. SHOCKLEY
B2 Street Address (P.O. Box Number is Not Acceptable): 2603 GREY TWIG LANE
B3
B4 City: FT. PIERCE FL 85 Zip Code: 34981

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: Kenneth J Shockley PRESIDENT — DATE: 5/15/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SHOCKLEY, KENNETH J	
STREET ADDRESS	2050 OLEANDER BLVD #B1-104	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	☐ DELETE
NAME	SHOCKLEY, KENNETH W	
STREET ADDRESS	2050 OLEANDER BLVD #B1-104	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. 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: Kenneth J Shockley — 5/15/96 — 407-461-3823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #