FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000036940 (2)

SHIRLEY LUCAS, INC.

FILED Feb 06 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					- 19011001 1610 10131 01311 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111		III Bibli Bbil 188 (
1500 RIDGEWOOD AVE 1500 RIDGEWOOD AVE							
HOLLY HILL		HOLLY HILL FL 321					
U\$		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
	N				05/10/1994		
	Place of Business	2a. Mailing Address			4. FEI Number	-	Applied For
21	W		26		59-3241300	Not Applicable	
Suite, Apt. #, etc.		}a	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional
22 City & Stot	lo la	City 8 State					e Required
City & State		├-¬ '	City & State		6. Election Campaign Financing \$5.00 May Be		
Zip Country			Zip Country		Trust Fund Contribution		
 -		h1			8. This corporation owes or has paid the cufrent year Intangible Personal Property Tax due June 30. Yes No		
24	25 9. Name and Address of Curi	29			Personal Property Tax due June 30. 10. Name and Address of New Registers		L] INO
- 01		ioni nagistarea Again	8-	1 Name	10. Name and Address of New Registers	u Ayont	
	HAMBERLAIN, STEVEN M		ا ا	, itanic			
	NE S.E. FIRST AVENUE		8:	2 Street Add	lress (P.O. Box Number is Not Acceptable)		
G/A	UNESVILLE FL 32601		-				
			{83	3			
			8	1 City		85	Zip Code
				1 7	F		
l office or r	to the provisions of Sections 607-0 registered agent, or both, in the Sta thi familiar with, and accept the ob-	ate of Norida. Such change r	was authorized b 15. Florida Statute	by the corpora as.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	or changi	ng its registered Las registered
SIGNATURE	Trus (V	SHIRLE	1 A.CO	ICAS	president 0/0/	70	
OIGHATORE.	Signature, typed or printed namic of registered		(NOTE Bog-stered Ac		red when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES 10 OFFICERS A	ND DIREC	TORS IN 12
TITLE	P	☐ DELETI	E 1.1 TITLE			Char	ige 🔲 Addition
NAME	LUCAS, SHIRLEY A		1.2 NAME	ľ			
STREET ADDRESS	720 SANTA ANA AVE		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CHY-	ST- ZIP			
TITLE		☐ DELETI	E 21 THTLE			Char	nge Addition
NAME			2.2 NAME				
STREET ADDRESS	:		2.3 \$1RE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	-ST-ZIP	•		i
TITLE		☐ DELETI				☐ Char	ige Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	· \$1 - ZIP			
TITLE		DELETE				Char	ige Addition
NAME			4. 2 NAME	:			-
STREET ADDRESS			•	1 ADDRESS			
City-ST-ZIP			4.4 CITY-	Ī			
TITLE		DELETE		017211		Char	ge Addition
NAME			5.2 NAME			0.,00	
				1 AMDRICO			
STREET ADORESS				1 ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-	S1-ZIP		Char	ge 🔲 Addition
TITLE		L., Ottett			•	L.J Unar	As Madillou
NAME			62 NAME				
STREET ADDRESS	4			T ADDRESS			
CITY-ST-ZIP			64 CITY-	ST-ZiP			

14. Thereby 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 effect as if made under oath; that I am an officer or director of the compretion or the receiver of fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shapped or on an attachment with an address.