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

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMEN

Sandra B. Mor

Secretary of S DIVISION OF CORPO ATIONS

P94000038347 (8)

SHOOK INVESTMENTS, INC.

Principal Place of Business	Mailing Address	i iadiladi isa seni alah saki adik dahit ditat sasta dahit sasta inin bibi ida					
2010 N ORANGE AVE ORLANDO FL 32604	2010 N ORANGE AVE ORLANDO FL 32604	DO NOT WRITE IN THIS SPACE					
		3. Date Incorporated or Qualified					
		05/20/1994					
2. Principal Place of Business	2a, Mailing Address	4, FEI Number	Applied For				
21	26	59-3244568	Not Applica				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional				

City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zıp Ci intry 8. This corporation owes or has paid the current year Intangible Zip 24 Personal Property Tax due June 30. Yes Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name

SHOOK, JOHN H 2010 N ORANGE AVE ORALNDO FL 32804

'	82	Street Address (P.O. Box Number is Not Acceptable)		
	83			
	84	City	85	Zip Code

**FILED** 

Jan 20 1998 8:00am

Secretary of State

Applied For Not Applicable

Fee Required

☐ No

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 12				
TITLE	D DE	ELETE	11 TITLE		☐ Change	Addition				
NAME	SHOOK, JOHN H		1.2 NAME							
STREET ADDRESS	2010 N ORANGE AVE		1.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-7IP							
TITLE	DE DE	ELETE	2 1 TITLE		Change	Addition				
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2. 4 CITY-ST-ZIP							
TITLE	Di	ELETE	3.1 TITLE		Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE	□ Ot	ELETE	4.1 TITLE		L. Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP			<u></u>				
TETLE	DE	ELETÉ	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP			<u></u>				
TITLE	DE	ELET <b>E</b>	6.1 TITLE		☐ Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS	1		6.3 STREET ADDRESS							

y'd with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 o receiver or trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information sup-indicated on this annual report or supply officer or director of the corporation or Block 12 or Block 13 if changed or or a

6.4 CITY - ST - ZIP

TOHN H.SHOOK

1-401-898-7906

CR2E034 (10/97)