

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

**APPROVED
AND
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95 MAR -2 PM 1:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**800001423408
-03/07/95--01126--010
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080783 (1)

1. Corporation Name
SHADDIX MANAGEMENT CO.

Principal Place of Business Mailing Address
1275 BEVILLE RD. DAYTONA BEACH FL 32119

3. Date Incorporated or Qualified 3a. Date of Last Report

11/03/1994

4. FEI Number Applied For
59-3275978 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, PAMELA O
201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801**

81 Name **Steven L. Shaddix**

82 Street Address (P.O. Box Number is Not Acceptable)
1275 Beville Rd

83

84 City **Daytona Beach** FL 85 Zip Code **32119**

11. Pursuant to the provisions of Sections 607.0502 and 607.1907, 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]* Signature, hand or printed name of registered agent if applicable. (Date) Registered Agent signature required when re-registering. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	SHADDIX, STEVEN L
STREET ADDRESS	1275 BEVILLE RD.
CITY-ST-ZIP	DAYTONA BEACH FL 32119
TITLE	V
NAME	WONTENAY, DIANNE
STREET ADDRESS	1275 BEVILLE RD.
CITY-ST-ZIP	DAYTONA BEACH FL 32119
TITLE	T
NAME	SHADDIX, MARIE
STREET ADDRESS	1275 BEVILLE RD.
CITY-ST-ZIP	DAYTONA BEACH FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and that I am an officer or director of the corporation and the discoverer of the information reported in Block 12 or Block 13, changed, or on an attachment with an original.

SIGNATURE: *[Signature]* DATE: **2/23/95** Tallahassee (Year) **904(767)8521**