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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000019771 (1)**

1. Corporation Name

SHELMAR CARTAGE, INC.



Principal Place of Business

**11208 MCMULLEN LOOP
RIVERVIEW FL 33569**

Mailing Address

**11208 MCMULLEN LOOP
RIVERVIEW FL 33569**

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 2781

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Riverview, FL.

24

29

33569

30

USA.

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this report

Date of Signature

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	P MARSHALL, SHEILA L	11208 MCMULLEN LOOP	RIVERVIEW FL 33569	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

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:

Sheila R. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

(813) 677-6539

CR2E034 (12/95)