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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000026340 (6)

1. Corporation Name

SHIP RIGHT PLUS, INC.

Principal Place of Business

2937-A N.E. 19TH DRIVE  
GAINESVILLE FL 32609

Mailing Address

2937-A N.E. 19TH DRIVE  
GAINESVILLE FL 32609-3316

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

08/08/1996

2. Principal Place of Business

21 Suite Apt # etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24 32609-3348 25

28 Zip Country

29 32609-3348 30

4. FEI Number

59-3311513

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

GLADIN, STEVEN T  
2937-A N.E. 19TH DRIVE  
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

GLADIN, STEVEN T

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

83

84 City

FL 85 Zip Code

32609-3348

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

TITLE D ☒ DELETE  
NAME SHEA, BEVERLY A  
STREET ADDRESS ROUTE 2, BOX 2972  
CITY- ST- ZIP MELROSE FL 32666

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition  
1.2 NAME SHEA, MALCOLM L. SR  
1.3 STREET ADDRESS RR 2, BOX 2972  
1.4 CITY- ST- ZIP MELROSE, FL 32666

2.1 TITLE PRESIDENT/SECRETARY ☐ Change ☒ Addition  
2.2 NAME MORGAN, ANNA M  
2.3 STREET ADDRESS 2937-A NE 19TH DR  
2.4 CITY- ST- ZIP GAINESVILLE, FL 32609-3348

3.1 TITLE TREASURER ☐ Change ☒ Addition  
3.2 NAME GLADIN, STEVEN T  
3.3 STREET ADDRESS 2937-A NE 19TH DR  
3.4 CITY- ST- ZIP GAINESVILLE, FL 32609-3348

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

14. I do hereby 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 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:

GLADIN, STEVEN T  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)