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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # P950 Shea, p.a.	00037946 (7)	
JOHN	DRICK, FIA			
Principal Place	of Business	Mailing Address	. ,	
2940 S. TAMIAMI TRAIL 2940 S. TAMIAMI TRAIL				
SARASOTA F	L 34239	SARASOTA FL 3423	9	
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/09/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number Applied For 65-0582452 Not Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				S8.75 Additional
22		27]	\$* \$** \$1	5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7ip	Country	8. This corporation has liability for intangible tax under s 199.032,
	25	29	30	Florida Statutes Yes No
	9. Name and Address of Cui	rrent Registered Agent	81 Name	10. Name and Address of New Registered Agent
QUEA I	ODN			
SHEA, JOHN 2940 S. TAMIAMI TRAIL SARASOTA FL 34239			82 Street	t Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	85 Zip Code
		500 10074500 Ft-11- Ct-	t t t the shape person of	FL
11. Pursuant to or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of J	1502 and 607,1508, Norida Sta Tlorida, Such change was autho	tutes, the above named c rized by the corporation's	corporation submits this statement for the purpose of changing its registered office s board of directors. I hereby accept the appointment as registered agent. I am
familiar wit	h, and accept the obligations of, S	Section 607.0505, Florida Statu	ies.	
SIGNATURE _	Signature, typed or printed name of registered	agent and title if apply sable	(NOTE: Flog sterod Agent signature	e required when reinstating) DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	JOHN SHEA	☐ DELETE	1. 1 TETLE 1.2 NAME	Change Addition
NAME STREET ADDRESS	2940 So. Tamiami	Trail	1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 342		1.4 CHY-S1-ZIP	
TITLE		DELETE	2 1 Tifle	Charge Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	5
CITY-ST-ZIP		DELETE	2 4 C(1) Y - ST - Z(P	Change Addition
TITLE		Dotteir	3.1 TITLE 3.2 NAME	
NAME STREET ADDRESS			3.3 STREET ADDRESS	s
CITY-ST-ZIP			3 4 CITY - ST - ZIP	
TITLE		DELFTE	4 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ACCURESS	s
CITY-ST-ZIP		Find the same	4.4 CITY - ST - 7IP	Change C Addition
TITLE		DELETE	5. 1 TITLE	Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	s
CITY-ST-ZIP			5 4 CITY - ST - ZIP	·
TITLE		☐ DELE1E	6 1 TiTLE	Change Addition
NAME			6.2 NAME	
\$TREET ADDRESS			6.3 STREET ADDRESS	S
CITY-ST-7IP			6.4 CHY - ST - 7IP	
certify that		annual report or supplemental proporation or the receiver or true	annual report is true and a istec empowered to exect	pualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further accurate and that my signature shall have the same legal effect as if made under bute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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