

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000044515 (1)**

1. Corporation Name

TTAH SHELL CONTRACTORS, INC.



Principal Place of Business

**317 E ACRES DR
PLANTATION FL 33317**

Mailing Address

**317 E ACRES DR
PLANTATION FL 33317**

2. Principal Place of Business

21 Suite, Apt., etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt., etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

4. FEI Number

65-0431989

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

**KRIPS, DOROTHY
317 E ACRES DR
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

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 607.1508, 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 types in printed name of the person signing this statement.

2006: Registered Agent Signature required when changing

DATE

12.

OF OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

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21 STREET ADDRESS

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23 TITLE

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25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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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, on an attachment with an address.

SIGNATURE

Dorothy E. Krips
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy E. Krips

1-31-96

Date

Signature of Officer

CR2E034 (12/95)