FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

ANNUAL REPORT Secre			EPARTMENT OF CORPORA	am ;	FILED 98 APR 23 AM IO: 35
DOCUMENT # P95000047369 (0) SHENANDOAH GROUP, INC.					SÉCRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address					
2112 N 15TH ST SUITE 101 TAMPA FL 33605		2112 N 15TH ST SUITE 101 TAMPA FL 33605			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a, Marling Address			06/15/1995 4. FEI Number Applied For
Sulte, Apt.	` <u></u>				59-3362743 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & Stat	e	City & State		,,	B. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip 24	Country 25	Country Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
2112 N 15TH ST SUITE 101 TAMPA FL 33605 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent of both, in the State of Florida. Such change was auth agent. Familiary flat and accept the obligations of, Section 607.0505, Florida.			tatutes, the at	83 City	Address (P.O. Box Number is Not Acceptable) BDDD2511828
SIGNATURE	Signatural prised or famind name of registered agent a OFF ICERS AND D		(NOTE: Registered	Agent signature	are required when reinstains) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PD MCMULLEN, THOMAS J JR. 2112 N. 15TH ST., SUITE 101	DELETE	1.2 NA		McMuller, Thomas J. Jr. Change Addition
CITY-ST-ZIP TITLE	TAMPA FL 33605 VPD	☐ DELETE	1.4 CH 2 1 TH	Y-ST-ZIP	TAMPA, FL 33605 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	SPARR, MICHAEL D 2112 N. 15TH ST., SUITE 101 TAMPA FL			me Reet address IY-st-zip	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DFLETE	3.2 NA 3.3 STI		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TIT 4. 2 NA 4.3 ST	le Me Reet address	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TH 5.2 NA		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	6.1 TIT 6.2 NA 6.3 ST	me Reet address	Change Anddiling
14. I 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.					