

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS																	
DOCUMENT # 1. Corporation Name		P95000056742 Shirah Brothers, Inc.																	
Principal Place of Business		Mailing Address																	
2. Principal Place of Business 21 632 Fourth Street Suite, Apt #, etc. 22 City & State 23 Destin, FL Zip 24 32541		2a. Mailing Address 26 P.O. Box 1656 Suite, Apt #, etc. 27 City & State 28 Destin, FL Zip 29 32540																	
Country 25 Okaloosa		Country 30 Okaloosa																	
3. Date Incorporated or Qualified 7/20/95		3a. Date of Last Report N/A																	
4. FEI Number 59-3345867		Approved 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 Jordan William Shirah 548 Juanita Drive Destin, FL 32541																	
10. Name and Address of New Registered Agent 81 Name David C. Shirah, Sr. 82 Street Address (P.O. Box Number is Not Acceptable) 632 Fourth Street 83 84 City Destin		85 Zip Code FL 32541																	
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 <i>David C. Shirah, Sr. (President)</i> 8-14-96 Signature typed or printed name of registered agent and filed if applicable. (If not, Registered Agent signature required when reinstating.)																			
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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 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: <i>Betty M. Shirah - Sec/Tre</i> August 1, 1996 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																			

CR2E034 (3/96)