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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079723**

1. Corporation Name

Shamrock Motors Inc

Principal Place of Business

Mailing Address

**1544 Seminola Blvd
#120
Casselberry FL 32707**

**1544 Seminola Blvd
#120
Casselberry, FL 32708**

3. Date Incorporated or Qualified
10-16-95

3a. Date of Last Report
04/96

2. Principal Place of Business
21 **1544 Seminola Blvd #120**

2a. Mailing Address
26 **1544 Seminola Blvd**

4. FEI Number
59-333-8767

Applied For
Not Applicable

22 **#120**

27 **#120**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 **Casselberry FL 32707**

28 **Casselberry FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 **32707**

29 **32707**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Shannon Richmond
461 Lakeshore Dr
Casselberry FL 32707**

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 **Shannon M. Richmond**

SIGNATURE **Shannon M. Richmond Pres. 4/16/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **President SHANNON Richmond**
STREET ADDRESS **Shamrock Motors, Inc.**
CITY-ST-ZIP **1544 Lakeshore Dr
Casselberry FL 32707**

TITLE ☐ DELETE
NAME **Edwin L. Smith Vice Pres.**
STREET ADDRESS **615 Greenbriar Ave**
CITY-ST-ZIP **Altamonte Springs FL 32714**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 **Shannon M. Richmond / Shannon M. Richmond**

4/17/97 (707) 696-8338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)