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

PROFIT CORPORATION ANNUAL REPORT

1999

SHEEHAN INVESTMENTS, INC.



DOCUMENT # P9600000334

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90164 047 \*\*\*150.00

## 

Principal Place of Business	Mailing Address								
13535 FEATHER SOUND DR 13535 FEATHER SOUND DR 125									
CLEARWATER FL 33762	CLEARWATER FL 8			DO NOT WRITE IN THIS SPACE					
US	US			<ol> <li>Date Incorporated or Qualified</li> <li>01/02/1996</li> </ol>					
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Α Α	pplied For			
1	26			59-3352782	N	ot Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				.5. Certificate of Status Desired Fee Required					
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip Country	Zip C	ountry	,,,-	This corporation owes the current year     Personal Property Tax.	Intangible Yes	□No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
SHEEHAN, DENNIS M		81	Name						
13535 FEATHER SOUND DR			82 Street Address (P.O. Box Number is Not Acceptable)						
125 CLEARWATER FL 33762		83							
		0.4	City		es 7in	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, typed or printed name of registered agent and title if applicab	I- (NOTE PA	nistared Agent algoritus p	equired when reinstating)		DATE		
12.	OFFICERS AND DIRECTOR:	Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	DELETE	1.1 TITLE			•	☐ Change	Addition
NAME	SHEEHAN, DENNIS M	:	1.2 NAME	`				
STREET ADDRESS	AARAE EEATHED ACHIND DD OTE AAE		1.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33762		1.4 CITY- ST-ZIP					
TITLE	D	☐ DELETE	21 TITLE		_		Change	Addition
NAME	SHEEHAN, MICHELE		2.2 NAME	13535 Fee		_		ارما
STREET ADDRESS	AREAS ESTATUS AGUINA DO ATE AGS		2.3 STREET ADDRESS	13535 Fee	at her	Sound	Or. Ste.	125
CITY-ST-ZIP	CLEARWATER FL 33762		2.4 CITY-ST-ZIP		<del></del>		- <del></del>	
TITLE	OLLYWINI ETT E GOT OL	□ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					}
			3.4. CITY-ST-ZIP					{
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE				Change	Addition
			4.2 NAME				_ •	_
NAME			4.3 STREET ADDRESS					ł
STREET ADDRESS						•		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		_		☐ Change	Addition
TITLE		□ beceie	5.1 TITLE 5.2 NAME				change	٠,٠٠٠
NAME			5.3 STREET ADDRESS					
STREET ADDRESS								
CITY-ST-ZIP		C DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			·	Change	Addition
TITLE		☐ DELETE					Change	☐ ¥0000001
NAME		•	6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY: ST. 7IP			6.4 CITY-ST-ZIP			•		Į

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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

(727) 572-4664 Dayume Phone # (2E034 (11/98)