

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000015241 (8)

1. Corporation Name
SHADOW INVESTIGATIONS, INC.



Principal Place of Business
2500 WINDING CREEK BLVD., #E-208
CLEARWATER FL 34621

Mailing Address
2500 WINDING CREEK BLVD., #E-208
CLEARWATER FL 34621-2500

3. Date Incorporated or Qualified
02/14/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 28870 U.S. Hwy 19 N.
Suite, Apt. #, etc.
22 300
City & State
23 CLEARWATER
Zip
24 34621
Country
25 U.S.A.

2a. Mailing Address
26 28870 U.S. Hwy 19 NORTH
Suite, Apt. #, etc.
27 300
City & State
28 CLEARWATER
Zip
29 34621
Country
30 U.S.A.

4. FEI Number
593369391

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
PEHOTE, JOSEPH M
2500 WINDING CREEK BLVD., #E-208
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
81 Name
JEFF DILLARD
82 Street Address (P.O. Box Number is Not Acceptable)
28870 U.S. Hwy 19 NORTH
83 SUITE 300
84 City
CLEARWATER FL 85 Zip Code
34621

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 *Jeff Dillard* JEFF DILLARD, PRESIDENT 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEHOTE, JOSEPH M	
STREET ADDRESS	2500 WINDING CREEK BLVD., #E-208	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JEFF DILLARD	
STREET ADDRESS	28870 U.S. HWY. 19, NORTH, SUITE 300	
CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH M. PEHOTE	
1.3 STREET ADDRESS	28870 U.S. Hwy 19 N., SUITE 300	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFF DILLARD	
2.3 STREET ADDRESS	28870 U.S. Hwy 19 N., SUITE 300	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeff Dillard* JEFF DILLARD 4/28/97 813 791-0875
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)