

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

FILED
May 30 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 # P96000021928 (2)

1. Corporation Name
SHELL PIT, INC.

Principal Place of Business
**2449 FIRST STREET
FORT MYERS FL 33901**

Mailing Address
**2449 FIRST STREET
FORT MYERS FL 33901-2005**



2. Principal Place of Business 21 6458 GRIFFIN BL. SW Suite, Apt. #, etc.		2a. Mailing Address 26 6458 GRIFFIN BL SW Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/05/1996	3a. Date of Last Report N/A
22 City & State 23 FT. MYERS FL		27 City & State 28 FT MYERS FL		4. FEI Number 65-0658881	Applied For Not Applicable
24 Zip 33908		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33908		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**BURNETT, PHILIP L
2449 FIRST STREET
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name **J. DAVID CASSILLY**
82 Street Address (P.O. Box Number is Not Acceptable)
6458 GRIFFIN BL SW
83
84 City **FT MYERS** **FL** 85 Zip Code **33908**

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  **J. DAVID CASSILLY** DATE **5-23-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/P/T/ATTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURNETT, PHILIP L		1.2 NAME J. DAVID CASSILLY	
STREET ADDRESS 2449 FIRST STREET		1.3 STREET ADDRESS 6458 GRIFFIN BL SW	
CITY- ST- ZIP FORT MYERS FL 33901		1.4 CITY- ST- ZIP FT MYERS FL 33908	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D/VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME LYNN CASSILLY	
STREET ADDRESS		2.3 STREET ADDRESS 6458 GRIFFIN BL SW	
CITY- ST- ZIP		2.4 CITY- ST- ZIP FT MYERS FL 33908	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:  **J. DAVID CASSILLY** DATE **4/30/97** DAYTIME PHONE **741-482-3045**
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)