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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048732 (7)

S & H ASSOCIATES, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
,				_		
701 SPOTTIS WOODE LANE 701 SPOTTIS WOODE LANE CLEARWATER FL 34616 CLEARWATER FL 34616			<u>:</u>			
		<b>V</b> EC. 111111111111111111111111111111111111	OLEMINIER PE OTOTO			DO NOT WRITE IN THIS SPACE
Ī						3. Date Incorporated or Qualified
						06/05/1996
	ace of Business	2a, Mailing A	2a. Mailing Address			4. FEI Number Applied For
21	W = -	26			····	<b>59-3403196</b> Not Applicable
Suite, Apt. (	#, <b>e</b> {C.	<b>├</b> ─¬	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State		27 City & St	City & State			Fee Required
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	_ '	•	Personal Property Tax due June 30. Pres No
<del></del>	g, Name and Address of Curre			- T		10. Name and Address of New Registered Agent
SHI	PPARD, PATRICK			81	Name	;
701 SPOTTIS WOODE LANE				82	Strant	Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34616			OZ Street Au		Andress (r. o. box realises is not Acceptable)	
				83		
				84	City	85 Zip Code
		<del> </del>				
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, lyped or pented name of registered agent and take if applicable (NOTE Registered Agent signature required when reinstating)  DATE						
12.	<del> </del>	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	I	DELETE	1.1 TITLE		☐ Change ☐ Addition ♀
NAME	<b>SHEPPARD</b> , PATRICK			1.2 NAME		
STREET ADDRESS	701 SPOTTIS WOODE LANE			1.3 STREE	ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616			1.4 CITY-	ST-ZIP	
TITLE	D		DELETE	2.1 TITLE		☐ Change ☐ Addition ☐
NAME	ROGERS, ROLAND			2.2 NAME		
STREET ADDRESS	512 MAYO ST.			2.3 STREE	i address	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681			2. 4 CITY-	ST-ZIP	
TITLE		L	] DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP			T her eye	3.4 CITY-	ST-ZIP	
TITLE		L	] DELETE	4.1 TITLE		L Change L Addition
NAME				4. 2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		<del>_</del>	DELETE	4.4 CITY - S	51 - ZIP	Change Addition
TITLE		L	"I PATELE	5.1 TITLE		Change Addition
NAME				5.2 NAME	, ADDDECO	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	51 - ZIP	Change Addition
1		L	_ orrest	• • • • • • • • • • • • • • • • • • • •		Li Cilarge Li Addition
NAME OZDECT ADDRESS				6.2 NAME	. ABDATAT	
STREET ADDRESS				6.3 STREET		
CITY-ST-ZIP	artify that the information supplied w	its this filing done	not qualify for t	64 CITY-S		ed in Section 119 07/3Vi) Florida Statutes I further certify that the information

invexemption stated in Section 113.07(3)(I), horida Statutes. I furiner certify that the informatic and that my signature shall have the same legal effect as if made under oath; that I am an ocule this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental officer or director of the corporation or the report Block 12 or Block 13 if changed, or on an agrac