

FILED



FLORIDA DEPARTMENT OF  
**Sandra B. Moore**  
Secretary of  
DIVISION OF CORRECTIONS

Feb 26 1997 8:00am  
Secretary of State

1. Corporation Name: **SHUTE & SHUTE ENTERPRISES, INC.**



Mailing Address  
10622 BEVERLY NALLE  
JACKSONVILLE FL 32225-634

3a. Date of Last Report  
**First Year**

Applied For
Not Applicable

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

**10. Name and Address of New Registered Agent**

2 Street Address (P.O. Box Number is Not Acceptable)

**3**

4 City

FL	85	Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, we ~~we~~-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 ~~is~~ was 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.

SIGNATURE

\*Type also typed on page 101 can be of generated agent and file it applicable.

(NOTE: Agent signature required when reinstating)

DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**E**

☐ Change ☐ Addition☐ DELETE

**E**

☐ Change    ☐ Addition DELETE

3

☐ Change    ☐ Addition

7

☐ Change    ☐ Addition

DEL FTE

IF

<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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 DELETE

16

<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

5/14/97 904-6417373

Pay. no Phone

CR2E034 (9/96)