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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000093795 (8)

SHOALS, INC.

## FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
4017 - 43RD STREET SOUTH 4017 - 43RD STREET SOUTH									
ST. PETERSBURG FL 33711		SI. PETEKSBUNG PL 33	ST. PETERSBURG FL 33711			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						11/15/1996			
2. Principal P	lace of Business	2a. Mailing Address			•	4. FEI Number	Ar	plied For	
21		26				02-0357281	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #			etc.			5. Certificate of Status Desired	\$8.75		
22		27				5. Certificate of Status Desired	Fee Re	quired	
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Added t	to Fees	
Z <sub>1</sub> p	Country	Zip	Count	try		8. This corporation owes or has paid the			
24	25	29	30			Personal Property Tax due June 30.		] No	
	g. Name and Address of Curre	nt Registered Agent		т.		10. Name and Address of New Registe	red Agent		
SC	HOLL, CARL E			11	Name				
4017 43RE ST S				12	Street Addr	ess (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33711				_					
·			8	3					
			8	14	City		85 Zip 0	Code	
					Only.		FL   "		
agent. I a SIGNATURE	m familiar with, and accept the oblig					nd when reinstating) DA	î E		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D DELETE		1.1 TITU	1.1 TITLE			Change	■ Addition	
NAME	SCHOLL, MARY J		1.2 NAM	ΙE					
STREET ADDRESS	4017 - 43RD STREET SOUTH	1	1.3 STRE	ET #	ADDRESS				
CITY-ST-ZIP				- \$1	-ZIP				
TITLE	S DELETE 21			E			Change	Addition	
NAME	GOLIOLE, OTHER			IE					
STREET ADDRESS	4017 43RD ST S		2 3 STR	ET/	ADDRESS	•			
CDY-S1-ZIP	ST PETERSBURG FL			Y-5	T-ZIP				
TITLE		☐ DELETE	3.1 TITLI	F			Change	Addition	
NAME			3.2 NAM	IE					
STREET ADDRESS			3.3 STR	ET A	ADDRESS				
CITY-ST-ZIP			3.4. CITY		T - ZIP				
TITLE		DELETE	4.1 TITLI	F			☐ Change	Addition	
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STR	ET A	ADORESS				
CITY+S1-ZIP			4.4 CITY		-ZIP			Lane.	
TITLE		DELETE	5.1 TITU		ļ		Change	Addition	
NAME			5.2 NAM	1E					
STREET ADDRESS			5.3 STRE	ET /	ADDRESS				
CITY-ST-ZIP			5.4 CITY	- ST	- ZIP				
TITLE		DELETE	6.1 TITU	E			Change	Addition	
NAME			6.2 NAM	ΙE					
STREET ADDRESS			6.3 STR	ETA	ADDRESS				
CITY-ST-ZIP			6.4 CITY	- ST	r- ZIP				

14. 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.

CIGNATURE.

Curs & Shell

3/36/98 8138678691