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

Mailing Address

MAITLAND FL 32751

C/O MOSS & COMPANY

175 LOOKOUT PLACE, #200

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

175 LOOKOUT PLACE

MAITLAND FL 32751

SUITE 200

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

02-18-1999 90120 026 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103187

SHELTON PRO SERVICE, INC.

3. Date Incorporated or Qualifed 12/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3423206 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 24 29 30 Personal Property Tax. □No Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PAPPAS, PETER C 225 EAST ROBINSON STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 540 83 ORLANDO FL City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE Change ☐ Addition NAME SHELTON, EDGAR G 1.2 NAME 175 LOOKOUT PLACE, STE 200 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS

14. I 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 supplies with an imagined 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, with all other like empowered.

6.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

1-30-99 40+351-0157

Change

Change

☐ Addition

☐ Addition

Addition