

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000022155** ✓

1. Corporation Name  
**SHELLEY PARK, INC.**

Principal Place of Business  
**3725 MOBILE HWY  
PENSACOLA FL 32506**

Mailing Address  
**3725 MOBILE HWY  
PENSACOLA FL 32506**

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90008 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/11/1997**

2. Principal Place of Business

21 **PENSACOLA BLVD**

Suite, Apt. #, etc.

22 **6703**

City & State

23 **PENSACOLA FL**

Zip

24 **32505**

Country

25 **U.S.A.**

2a. Mailing Address

26 **WATERWHEEL TURN**

Suite, Apt. #, etc.

27 **4512**

City & State

28 **PENSACOLA FL**

Zip

29 **32514**

Country

30 **U.S.A.**

4. FEI Number

**59-3444249**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CHASE, JAMES L  
101 E GOVERNMENT ST  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **PATEL, BHUPAT**  
STREET ADDRESS **7200 LILLIAN HWY #703**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **S** ☐ DELETE  
NAME **PATEL, KALAVATI**  
STREET ADDRESS **7200 LILLIAN HWY, #703**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D** ☐ DELETE  
NAME **PATEL, ALKESH**  
STREET ADDRESS **7200 LILLIAN HWY, #703**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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.

**PRESIDENT**  
**SIGNATURE:**

**SIGNATURE REQUIRED**

**7/10/99 850-494-2350**

CR2E034 (5/99)

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590434-90008  
40

SHELLEY PARK INC  
4512 WATERWHEEL TURN  
PENSACOLA.

FIL 32514

DATE 7/10/99


TEL 850 494 2390

DIVISION OF CORPORATION  
ANNUAL REPORTS FILINGS  
P.O. BOX 1500  
TALLAHASSEE  
FIL 32302

DEAR SIR OR MADAM

DUE TO THE FACT  
THAT WE HAVE CHANGED OUR MAILING ADDRESS  
TWO TIMES IN THE LAST YEAR, WE DID NOT  
RECEIVE OUR 1ST NOTICE, WE HAVE TODAY RECEIVED  
OUR 2ND NOTICE. PLEASE ACCEPT MY APOLOGY IN  
SENDING THIS REPORT LATE AND ALSO MY FEE OF  
\$150 AS PER 1ST NOTICE.

THANK YOU ON BEHALF OF  
SHELLEY PARK INC

  
PRESIDENTS