

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortherm  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000082179 (7)

1. Corporation Name

SHINING ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2494 SOUTH TIPTON DRIVE  
DELTONA FL 32738

2494 SOUTH TIPTON DRIVE  
DELTONA FL 32738

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1997

4. FEI Number

59-3471489

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 2435 N. SPARKMAN AVE

Suite, Apt. #, etc.

22 SUITE B

City & State

23 ORANGE CITY, FLORIDA

Zip

24 32763

Country

25 USA

2a. Mailing Address

26 2435 N. SPARKMAN AVE

Suite, Apt. #, etc.

27 SUITE B

City & State

28 ORANGE CITY, FLORIDA

Zip

29 32763

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

Susan J. Metscher

Signature typed or printed name of registered agent and date of filing

(NOTE: Registered Agent signature required when reinstating)

4/24/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME METSCHER, SUSAN J  
STREET ADDRESS 2494 SOUTH TIPTON DRIVE  
CITY-ST-ZIP DELTONA FL 32738

TITLE VSD ☐ DELETE

NAME LEDUKE, ROBERT A  
STREET ADDRESS 2494 SOUTH TIPTON DRIVE  
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 METSCHER, SUSAN J.  
1.3 STREET ADDRESS 2435 N. SPARKMAN AVE SUITE B  
1.4 CITY-ST-ZIP ORANGE CITY, FLORIDA 32763

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME LEDUKE ROBERT A.  
2.3 STREET ADDRESS 2435 N. SPARKMAN AVE SUITE B  
2.4 CITY-ST-ZIP ORANGE CITY, FLORIDA 32763

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.

SIGNATURE

Susan J. Metscher

4/24/98

CR2E034 (10/97)