

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000106686 (3)

1. Corporation Name
SHADDIX HOLDING COMPANY

Principal Place of Business
1275 BEVILLE ROAD #1200
DAYTONA BEACH FL 32119

Mailing Address
1275 BEVILLE ROAD #1200
DAYTONA BEACH FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1997

4. FEI Number
59-3484168
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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PRICE, PAMELA O
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHADDIX, WILLIAM O II
1 DEER MOSS TRAIL
ORMOND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GORDON, SHARON S
7811 TIMBERLY COURT
MCLEAN VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
FOX, SHARLENE S
686 PINE FOREST TRAIL WEST
PORT ORANGE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHADDIX, MADELINE E
6 HOMAN TERRACE
DAYTONA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHADDIX, STANLEY W
2130 OLD DAYTONA ROAD
DAYTONA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHADDIX, STEVEN L
2410 SE 29TH STREET
OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ Addition
686 Ferncliff Dr.

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

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

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

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, upon an attachment with an address.

SIGNATURE

[Signature]

[Signature]

[Signature]

CR2E034 (10/97)