

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90107 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000015136

1. Corporation Name  
**SHAMROCK DESIGNS, INC.**



Principal Place of Business  
 1230 LAMB DRIVE  
 GULF BREEZE FL 32561

Mailing Address  
 1230 LAMB DRIVE  
 GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/16/1998**

2. Principal Place of Business  
 21 **7210 Majestic Blvd**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Navarre, FL**  
 Zip Country  
 24 **32566 USA**

2a. Mailing Address  
 26 **P.O. Box 473**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **Gulf Breeze, FL**  
 Zip Country  
 29 **32562 USA**

4. FEI Number  
**59-3496928**  
 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 Tax.  Yes  No

9. Name and Address of Current Registered Agent

**OMELIAN, CONNIE**  
 1230 LAMB DRIVE  
 GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name **Lynne G Harrington**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7210 Majestic Blvd**  
 83  
 84 City **Navarre** FL 85 Zip Code **32566**

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 **Lynne G. Harrington** **James P. Harrington** **4-1-99**  
Signature, typed or printed name of registered agent and title if applicable (NONE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>President</b> <input type="checkbox"/> DELETE |
| NAME           | <b>James P. Harrington</b>                       |
| STREET ADDRESS | <b>7210 Majestic Blvd</b>                        |
| CITY-ST-ZIP    | <b>Navarre, FL 32566</b>                         |
| TITLE          | <b>Treasurer</b> <input type="checkbox"/> DELETE |
| NAME           | <b>James P. Harrington</b>                       |
| STREET ADDRESS | <b>7210 Majestic Blvd</b>                        |
| CITY-ST-ZIP    | <b>Navarre, FL 32566</b>                         |
| TITLE          | <input type="checkbox"/> DELETE                  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **James P. Harrington** **4-1-99** **(850)380-0294**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)