

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

**FILED**

00 APR 20 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P98000030583**

1. Corporation Name

**SHA-BEC, INC.**

Principal Place of Business

**SHEELER ROAD  
APOPKA FL 32703**

Mailing Address

**1350 SHEELER ROAD  
APOPKA FL 32703**

**REINSTATEMENT** THIS SPACE

99-10

2. Principal Place of Business

**300 MORIN ST**

2a. Mailing Address

**300 MORIN ST**

3. Date Incorporated or Qualified  
**03/30/1998**

4. FEI Number

**59-3516098**

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

City & State

**EUSTIS FL**

City & State

**EUSTIS FL**

Zip **32726** Country **Lake**

Zip **32726** Country **Lake**

9. Name and Address of Current Registered Agent

**RICHEY, SHARON  
1350 SHEELER ROAD  
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81. Name **Corporation Service Company**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
83. **Tallahassee**  
84. City **Tallahassee** FL **32301**

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 607.0506, Florida Statutes.

SIGNATURE **BRIAN COURTNEY, ASST. VP.**

DATE **4/21/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHEY, SHARON</b>	
STREET ADDRESS	<b>34710 LAPLACE COURT</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32736</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARK, BECKY J</b>	
STREET ADDRESS	<b>572 GREEN MEADOW COURT</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</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	<b>700003230077---</b>
1.3 STREET ADDRESS	<b>-05/01/00--01003--006</b>
1.4 CITY-ST-ZIP	<b>*****900.00 *****900.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>700003230077---</b>
2.3 STREET ADDRESS	<b>-05/01/00--01003--007</b>
2.4 CITY-ST-ZIP	<b>*****8.75 *****8.75</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LS</b>
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.

SIGNATURE:

**Sharon Richey** President **4/18/00 352-3511**