

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90046 025 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000061005**

1. Corporation Name  
**SHELL BAY, INC.**

Principal Place of Business  
 9551 BAYMEADOWS ROAD, SUITE 4  
 JACKSONVILLE FL 32256

Mailing Address  
 9551 BAYMEADOWS ROAD, SUITE 4  
 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/09/1998**

4. FEI Number  
 59-3522114

Applied For  
 Not Applicable

21. Principal Place of Business  
 Suite, Apt. #, etc.

26. Mailing Address  
 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24. Zip Country

29. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOKES, E. CHESTER JR  
 9551 BAYMEADOWS ROAD, SUITE 4  
 JACKSONVILLE FL 32256

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, 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME D  
 STREET ADDRESS STOKES, E. CHESTER JR.  
 CITY-ST-ZIP 9551 BAYMEADOWS ROAD, SUITE 4  
 JACKSONVILLE FL 32256

11 TITLE DP  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

21 TITLE V  Change  Addition  
 22 NAME BERGMANN THOMAS C  
 23 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4  
 24 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

31 TITLE V  Change  Addition  
 32 NAME BRAREN MICHAEL E  
 33 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4  
 34 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

41 TITLE V  Change  Addition  
 42 NAME WALLACE L DENISE  
 43 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4  
 44 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51 TITLE VT  Change  Addition  
 52 NAME FREDENHAGEN SHARON W  
 53 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4  
 54 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61 TITLE S  Change  Addition  
 62 NAME HICE SHERRY  
 63 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4  
 64 CITY-ST-ZIP JACKSONVILLE FL 32256

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherry Hice* Sherry Hice

4/23/99

904/739-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)