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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000077761**1. Corporation Name

THE SHIRLEY CORPORATION

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90116 030 ***150.00



Principal Place of Business Mailing Address					\$ (00)(40) ISO 10101 (AUT 00)(1 00)(1 40)(1 60)	131 1 34 11 3 56 11 1461	0 114101 1101 1001
737 HONEYSUCKLE AVE CELEBRATION FL 34747		737 HONEYSUCKLE AVE CELEBRATION FL 34747		DO NOT WRITE IN TH	IS SPACE	_	
					3. Date Incorporated or Qualifed		
					09/02/1998		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>	oplied For	
21		26		59-3533 6.46		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	• -	Additional	
22		27					equired
City & State		City & State	⊢ ′		6. Election Campaign Financing		May Be
23		28	<u> </u>		Trust Fund Contribution		to Fees
Zip	Country	⊢ `	Country		8. This corporation owes the current year	Intangible Yes	□No
24	25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curren	it Registered Agent	81	Name	To. Maine and Address of New Registers	u Agoin	
PRIC	E, GEORGE A		Ľ				
737 HONEYSUCKLE AVE			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
CELEBRATION FL 34747			83				
022							
			84	City	F	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607 050	2 and 607.1508. Florida Statutes, th	e abov	l e-named cor	noration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was author	ized by	the corporat	ion's board of directors. I hereby accept the app	ointment as re	egistered
SIGNATURE							
SIGNATORE .	Signature, typed or printed name of registered age			nt signature requi	red when reinstating) DATE	TID DIDEOT	000 111 40
12.			13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D		.1 TITLE			☐ Criange	☐ Addition
NAME	PRICE, GEORGE A		.2 NAME	ł			ī
STREET ADDRESS	55 151 115112 155 5112 1112			TADDRESS			ļ
CITY-ST-ZIP			4 CITY-S	T-ZIP		Change	Addition
TITLE	D	_	1.1 TITLE				C) Addition
NAME	THOE, STATEET E		2.2 NAME				
STREET ADDRESS	10, 110,12,1000,122,1112			T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change	Addition
TITLE			3.1 TITLE			(_] Gilange	
NAME			3.2 NAME				
STREET ADDRESS	1			T ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY 3.1 TITLE	ST-ZIP		☐ Change	Addition
TITLE							
NAME			I. 2 NAME				
STREET ADDRESS				T ADDRESS			•
CITY-ST-ZIP TITLE			I.4 CITY-S 5.1 TITLE	11-211		☐ Change	☐ Addition
NAME			.2 NAME			_ ,	
				T ADDRESS			
STREET ADDRESS	•		6.4 CITY-5				
CITY-ST-ZIP TITLE			3.1 TITLE			Change	☐ Addition
NAME			S.2 NAME				
STREET ADDRESS				TADDRESS			
CITY ST. ZIP			5.4 CITY-5				

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.