

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90097 027 ***158.75

DOCUMENT # P98000088546

1. Corporation Name
SHELTON CORPORATION

Principal Place of Business
300 MAGNOLIA OAK DRIVE
LONGWOOD FL 32779

Mailing Address
300 MAGNOLIA OAK DRIVE
LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

65-087 3274

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

2. Principal Place of Business

21 5018 S.E. Driftwood

Suite, Apt. #, etc.

22

City & State

23 Stuart, FL

Zip

24 34997

Country

25 Martin

2a. Mailing Address

26 P.O. Box 4087

Suite, Apt. #, etc.

27

City & State

28 Enterprise, FL

Zip

29 32725-0087

Country

30 Volusia

9. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

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 D ☐ DELETE
NAME SHELTON, R. DOUGLAS
STREET ADDRESS 5018 S.E. DRIFTWOOD
CITY-ST-ZIP STUART FL 34997

TITLE D ☐ DELETE
NAME SHELTON AYMAR, CAROL
STREET ADDRESS 300 MAGNOLIA OAK DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE
NAME SHELTON, DONNA
STREET ADDRESS 5048 S.E. DRIFTWOOD
CITY-ST-ZIP STUART FL 34997

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE P/T/D ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1328 Sioux Trail
2.4 CITY-ST-ZIP Enterprise, FL 32725

3.1 TITLE S/D ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ 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:

Carol S. Aymar, President 4-12-99 407-324-3101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0078170