

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shacka B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00370

(4)

1. Corporation Name

SUPERIOR SHELLS, INC.

Principal Place of Business

3315 GOCIO RD
SARASOTA FL 34235

Mailing Address

3315 GOCIO RD
SARASOTA FL 34235



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RYAN, KELLY
3315 GOCIO ROAD
SARASOTA FL 34235

3. Date Incorporated or Qualified

09/05/1990

3a. Date of Last Report

04/14/1995

4. FET Number

65-0220506

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Change of Registered Agent)

(Signature of Agent or Change of Agent)

DATE

12. OFFICERS AND DIRECTORS

NAME	DELET
D RYAN, KELLY 3315 GOCIO RD SARASOTA FL	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐
NAME	☐
STREET ADDRESS	☐
CITY-STATE-ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
NAME	☐	☐
STREET ADDRESS	☐	☐
CITY-STATE-ZIP	☐	☐
NAME	☐	☐
STREET ADDRESS	☐	☐
CITY-STATE-ZIP	☐	☐
NAME	☐	☐
STREET ADDRESS	☐	☐
CITY-STATE-ZIP	☐	☐
NAME	☐	☐
STREET ADDRESS	☐	☐
CITY-STATE-ZIP	☐	☐
NAME	☐	☐
STREET ADDRESS	☐	☐
CITY-STATE-ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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:

Kelly Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)