

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S22521 (6)

1. Corporation Name

SHANKLE FINANCIAL CORP.



Principal Place of Business

Mailing Address

1901 SOUTH HARBOR CITY BLVD.  
SUITE 505-600  
MELBOURNE FL 32901

1901 SOUTH HARBOR CITY BLVD.  
SUITE 505-600  
MELBOURNE FL 32901

3. Date Incorporated or Qualified  
01/01/1991

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 1901 S. Harbor City Blvd

26 1901 S. Harbor City Blvd

4. FEI Number

59-3048398

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Suite 600

27 Suite, Apt. #, etc.

27 Suite 600

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

23 Melbourne FL

28 City & State

28 Melbourne FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

24 32901

25 Country

25 Brevard

29 Zip

29 32901

30 Country

30 Brevard

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHANKLE, HENRY M.  
1901 SOUTH HARBOR CITY BLVD.  
SUITE 505-600  
MELBOURNE FL 32901

81 Name

81 Henry M. Shankle

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

82 1901 S. Harbor City Blvd

83

83 Suite 600

84

84 City Melbourne, FL

FL

85

85 Zip Code

85 32901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SHANKLE, HENRY M.  
STREET ADDRESS 206 PARKSIDE PLACE  
CITY-ST-ZIP INDIAN HRBR. BCH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-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; 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: Henry M. Shankle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (407)952-0090

Date

Daytime Phone #

CR2E034 (12/95)