


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90243 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S64229					
1. Corporation Name SHUTTLESWORTH, INC.					
Principal Place of Business 1613 GIRVIN ROAD JACKSONVILLE FL 32225			Mailing Address P.O. BOX 144 MAYPORT FL 32267		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/05/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3057734	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		30	
Country		Country		6. Election Campaign Financing-- Trust Fund Contribution	
25		30		7. This corporation owes the current year Intangible Personal Property Tax.	
Country		Country		8. Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SHUTTLESWORTH, CECILLA J. 1613 GIRVIN RD JACKSONVILLE FL 32225			81 Name John E. Shuttlesworth		
			82 Street Address (P.O. Box Number is Not Acceptable) 1613 Girvin Road		
			83		
			84 City Jacksonville		
			85 Zip Code 32225		
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: <u>John E. Shuttlesworth</u> DATE: <u>1/22/99</u>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE President					
1.2 NAME John E. Shuttlesworth					
1.3 STREET ADDRESS 1613 Girvin Road					
1.4 CITY-ST-ZIP Jacksonville, FL 32225					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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: John E. Shuttlesworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
Date

904/221-6450
Daytime Phone #

CR2E034 (11/98)