FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAR -2 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S72830 (0)

1. Corporation Name

SHEA CONSUMER TRENDS CO.

Principal Place of Business	Mailing Address
2801 SW ARCHER ROAD GAINESVILLE, FL 32608	2801 SW ARCHER ROAD GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/13/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2801 SW ARCHER ROAD
22: Suite, Apt. #, etc.
23: City & State: GAINESVILLE FL
24: Zip: 32608
25: Country:

2a. Mailing Address
26: 2801 SW ARCHER ROAD
27: Suite, Apt. #, etc.
28: City & State: GAINESVILLE FL
29: Zip: 32608
30: Country:

4. FEI Number: 59-3080593 ☐ 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

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
100 NATIONAL FINANCIAL BUILDING
4215 SOUTHPOINT BLVD.
JACKSONVILLE, FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/V/S	1.1 TITLE	☒ Change ☐ Addition
NAME	KOTAIT, JOANNE	1.2 NAME	
STREET ADDRESS	1605 SW 78th Street	1.3 STREET ADDRESS	"REMOVE"
CITY-ST-ZIP	GAINESVILLE, FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V|S|D ☒ Change ☐ Addition
NAME	MCGRIFF, LORI E.	2.2 NAME	700001420647
STREET ADDRESS	4721 NW 25th DRIVE	2.3 STREET ADDRESS	-03/03/95--01046--006
CITY-ST-ZIP	GAINESVILLE, FL	2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	V/S	3.1 TITLE	V|S|D ☒ Change ☐ Addition
NAME	RELLER, ROBERT H.	3.2 NAME	
STREET ADDRESS	8232 SW 47th ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	T ☐ Change ☒ Addition
NAME		4.2 NAME	SUGGBY, JOHN T.
STREET ADDRESS		4.3 STREET ADDRESS	2801 SW ARCHER ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GAINESVILLE, FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 added, or in an attachment with an address.

SIGNATURE: Robert H. Reller 1-31-95 904-376-2444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

KC