

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000047680

**Entity Name:** SHAYCORE ENTERPRISES, INC.**Current Principal Place of Business:**11235 ST JOHNS INDUSTRIAL PKWY  
SUITE 4  
JACKSONVILLE, FL 32246**Current Mailing Address:**11235 ST JOHNS INDUSTRIAL PKWY  
SUITE 4  
JACKSONVILLE, FL 32246 US**FEI Number:** 80-0184365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KILGANNON, BILL P  
11235 ST JOHNS INDUSTRIAL PKWY  
SUITE 4  
JACKSONVILLE, FL 32246 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CEO
Name	KILGANNON, WILLIAM P
Address	202 25TH AVE S LOWER APT
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	V
Name	PHILLIPS, MATHEW J
Address	11235 ST. JOHNS INDUSTRIAL PKWAY - STE. 4
City-State-Zip:	JACKSONVILLE FL 32246

Title	COMMERCIAL PRESIDENT
Name	WETHERELL, STEVE
Address	11235 ST JOHNS INDUSTRIAL PKWY SUITE 4
City-State-Zip:	JACKSONVILLE FL 32246

Title	COO
Name	MONK, DAVID B
Address	11222 REED ISLAND DRIVE
City-State-Zip:	JACKSONVILLE FL 32216

Title	CFO
Name	SANDERS, DEWEY NORMAN
Address	11235 ST JOHNS INDUSTRIAL PKWY SUITE 4
City-State-Zip:	JACKSONVILLE FL 32246

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM KILGANNON

CEO

04/19/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date