

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90140 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 117360

1. Corporation Name
SHERMAN & SONS INCORPORATED

Principal Place of Business: 119 N. CHURCH AVENUE, PO BOX 609, PANAMA CITY FL 32402
 Mailing Address: 119 N. CHURCH AVENUE, PO BOX 609, PANAMA CITY FL 32402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1928	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0445705	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHERMAN, WALTER C. 216 S. CLAIRE DR. PANAMA CITY FL 32401				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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SHERMAN, T. J. 110 BUNKERS LOVE ROAD PANAMA CITY FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, T. J.	1.2 NAME	
STREET ADDRESS	110 BUNKERS LOVE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	VPD SHERMAN, T. JEFF, III 410 CHERRY ST. PANAMA CITY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, T. JEFF, III	2.2 NAME	
STREET ADDRESS	410 CHERRY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD SHERMAN, WALTER C. 216 S. CLAIRE DR. PANAMA CITY FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, WALTER C.	3.2 NAME	
STREET ADDRESS	216 S. CLAIRE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	D LARSON, CAROLYN JO 3117 JENKS AVE. PANAMA CITY FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, CAROLYN JO	4.2 NAME	
STREET ADDRESS	3117 JENKS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	T SHERMAN, TOM 402 CHERRY ST. PANAMA CITY FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, TOM	5.2 NAME	
STREET ADDRESS	402 CHERRY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] SIGNATURE REQUIRED Date: 4/22/99 Daytime Phone #: 1-350-769-9491

CR2E034 (11/98)