

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90371 030 ***150.00

DOCUMENT # 117360

1. Entity Name
SHERMAN & SONS INCORPORATED

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0445705		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SHERMAN, WALTER C. 216 S. CLAIRE DR. PANAMA CITY FL 32401				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, T. J.		NAME		
STREET ADDRESS	PO BOX 609		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, T. JEFF, III		NAME		
STREET ADDRESS	410 CHERRY ST.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP		
TITLE	SPD	<input type="checkbox"/> Delete	TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, WALTER C.		NAME		
STREET ADDRESS	216 S. CLAIRE DR.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, TOM		NAME	TOM SHERMAN	
STREET ADDRESS	402 CHERRY ST.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PAUL LARSON	
STREET ADDRESS			STREET ADDRESS	3051 ALTA RIDGE WAY	
CITY-ST-ZIP			CITY-ST-ZIP	SNELLVILLE, GA 30078	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **TOM SHERMAN** 4/30/02 850-769-9491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)