

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

APPROVED
AND
FILED

95 MAR -8 PM 3:22

DOCUMENT # **G26060** (5)

1. Corporation Name
SHAFFER & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12734 KENWOOD LANE
SUITE 49
FORT MYERS FL 33907

Mailing Address
12734 KENWOOD LANE
SUITE 49
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **03/02/1983** 3a. Date of Last Report: **03/02/1994**

4. FEI Number: **59-2268185** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc. **69** 22 Suite, Apt. #, etc. **69**

23 City & State 24 Zip 25 Country 26 City & State 27 Zip 28 Country

9. Name and Address of Current Registered Agent

JOHNSTON, RICHARD JR
2121 MCGREGOR BLVD.
FT. MYERS FL 33901

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHAFFER, GEORGE**
STREET ADDRESS **841 CYPRESS LAKE CIRCLE**
CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE **ST**
NAME **SHAFFER, LOURETTA A.**
STREET ADDRESS **841 CYPRESS LAKE CIRCLE**
CITY-ST-ZIP **FT MYERS, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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 as a director, officer, or an authorized agent with an address.

SIGNATURE: *George C. Shaffer* **George C. Shaffer/3-3-95/813-939-1977**