PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State ZIVISION OF CORPORATIONS

DOCUMENT # K59387

SHAFER ENTERPRISES, INC.

Mailing Address Principal Place of Business P. O. BOX 10424 6608 5TH STREET W BRADENTON FL 34282. BRADENTON FL 34207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/19/1989 4. FEI Number Applied For 2a. Malting Address 2. Principal Place of Business 59-2931723 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Bo. 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 Country -- --8. This corporation owes the current year intangible. Country Zio Zlo MNo ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9: 'Name and Address of Current Registered Agent SHAFER, JAMES P. Street Address (P.O. Box Number is Not Acceptable) 6606 5TH STREET WEST **BRADENTON FL 34207** 83 Zip Code RA City 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 507.0505, Florida Statutes. SIGNATURE red Agent signature req Signature, typed or printed name of registered agent and title if applic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE SHAFER, JAMES P. 1.2 NAME NAME 6606 5TH STREET WEST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 21 TITLE MLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CTY-5T-ZP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZE Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETÉ TITLE 51 TILE 52 NAME 5.3 STREET ADDRESS STREET ADDRES their Book CITY-ST-ZIP 5.4 CTTY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 8.2 NAME NAME

6.3 STREET ADDRESS

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 certify 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.

STREET ADDRESS

CITY-ST-ZIP

FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90024 021 ***150.00 09-07-1999 90011 017 ***400.00