

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

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000013349 (5)
1. Corporation Name
SHAFFER CONSTRUCTION, INC.



Principal Place of Business RT 3, BOX 230 TALLAHASSEE FL 32308	Mailing Address RT 3, BOX 230 TALLAHASSEE FL 32308-9776
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 01/01/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3155311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SHAFFER, STEPHEN D
RT 3, BOX 230
CENTERVILLE ROAD
TALLAHASSEE FL 32308**

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	SHAFFER, STEPHEN D	
STREET ADDRESS	RT 3, BOX 230, CENTERVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input type="checkbox"/>
NAME	SHAFFER, STEPHEN PAUL	
STREET ADDRESS	7497 SOUTHERN COUNTRY LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	V	<input checked="" type="checkbox"/>
NAME	HUGGINS, CLIFFORD E	
STREET ADDRESS	POST OFFICE BOX 823	
CITY-ST-ZIP	WACISSA FL	
TITLE	ST	<input type="checkbox"/>
NAME	SHAFFER, LAURA L	
STREET ADDRESS	RT 3, BOX 230, CENTERVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Stephen Paul Shaffer		
2.3 STREET ADDRESS	7501 Miles Johnson Rd		
2.4 CITY-ST-ZIP	Tallahassee, FL 32308		
3.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Michael David Shaffer		
3.3 STREET ADDRESS	3710 Sutor Ct.		
3.4 CITY-ST-ZIP	Tallahassee, FL 32308		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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

SIGNATURE _____

CR2E034 (9/96)