


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

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000091530 (1)**  
 1. Corporation Name  
**SHAFFER BUILDING REPAIR, INC.**



Principal Place of Business <b>980 NINTH STREET BOCA GRANDE FL 33921-0292</b>	Mailing Address <b>POST OFFICE BOX 292 BOCA GRANDE FL 33921-0292</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/01/1997</b>		4. FEI Number <b>65-0706985</b>		Applied For <input type="checkbox"/>
2. Principal Place of Business 21. Sulte, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Sulte, Apt. #, etc. 27. City & State 28. Zip Country		Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
24. Zip Country		29. Zip Country		30. Country
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent <b>SHAFFER, THOMAS P 980 NINTH STREET BOCA GRANDE FL 33921-0292</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code
				<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0102 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]* **THOMAS P. SHAFFER, PRES./OWNER 1/15/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT/VICE PRES.</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>THOMAS P. SHAFFER</b>	1.2 NAME
STREET ADDRESS <b>980 NINTH STREET</b>	1.3 STREET ADDRESS	CITY-ST-ZIP <b>BOCA GRANDE, FL 33921-0292</b>	1.4 CITY-ST-ZIP
TITLE <b>SECRETARY/TREAS.</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>SUSAN K. SHAFFER</b>	2.2 NAME
STREET ADDRESS <b>980 NINTH STREET</b>	2.3 STREET ADDRESS	CITY-ST-ZIP <b>BOCA GRANDE, FL 33921-0292</b>	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	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.

SIGNATURE: *[Signature]* **941/964-2439**

CR2E034 (10/97)