

FILED
Apr 20, 2006 8:00 am
Secretary of State

DOCUMENT # C10038



Mailing Address
ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1651185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10.	OFFICERS AND DIRECTORS
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WOLFEHUTTEN MASTER INDEX OFFICERS AND DIRECTORS IN 10

Kenneth Max Williams
P.O. Box 589 *N/A*
SEBRING FL 33871

SENIOR WARDEN (D) ☐ Change ☒ Addition
Ross Lee Conright
297 Margarette Dr
Aust. Bkfst FL 38825-2327

TREASURER (D) ☐ Change ☒ Addition
Michael Perry Byers
2424 S Lake Letta Dr

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

JUNIOR WARDEN (D) ☐ Change ☒ Addition
Kevin E Collier
441 Austin St
Gainesville, FL 32609-2112

☐ Change ☐ Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____