

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 269503 (9)

1. Corporation Name

SHUFORD DEVELOPMENT COMPANY



Principal Place of Business

211 CAROLINE
P. O. DRAWER 683
CAPE CANAVERAL FL 32920-7683

Mailing Address

211 CAROLINE
P. O. DRAWER 683
CAPE CANAVERAL FL 32920-7683

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1985 Tate Blvd., S.E.

Suite, Apt. #, etc.

27 P. O. Box 2228

City & State

28 Hickory, NC

Zip

29 28603-2228

Country

30 USA

3. Date Incorporated or Qualified

05/01/1963

3a. Date of Last Report

04/11/1995

4. FEI Number

59-1025849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FIRKINS, GEORGE H., JR.
211 CAROLINE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

John M. Starling

82 Street Address (P.O. Box Number is Not Acceptable)

509 Palm Ave.

83

84 City

Titusville

FL

85 Zip Code

32781

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 607.0502, Florida Statutes.

SIGNATURE

[Signature]

(INCIT) Registered Agent signature required when reinstating

DATE

1-22-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHUFORD, A. POPE
STREET ADDRESS 1985 TATE BLVD SE
CITY-ST-ZIP HICKORY NC

TITLE STD ☐ DELETE

NAME SHUFORD, HUNT
STREET ADDRESS 1985 TATE BLVD SE
CITY-ST-ZIP HICKORY SC

TITLE VD ☒ DELETE

NAME FIRKINS, GEORGE H., JR.
STREET ADDRESS 211 CAROLINE
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Controller ☐ Change ☒ Addition

1.2 NAME Jerry R. McIntosh
1.3 STREET ADDRESS 1985 Tate Blvd., S.E.
1.4 CITY-ST-ZIP Hickory, NC 28602

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

200001756072
-03/25/96--01048--019
***200.00

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Hunt Shuford, Jr.

1-22-96

704-328-2131

Date

Daytime Phone

CR2E034 (12/95)