

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

FILED

Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 269503 (9)**  
 1. Corporation Name  
**SHUFORD DEVELOPMENT COMPANY**

Principal Place of Business <b>211 CAROLINE</b> <b>P. O. DRAWER 683</b> <b>CAPE CANAVERAL FL 32920-7683</b>	Mailing Address <b>1985 TATE BLVD., S.E.</b> <b>P.O. BOX 2228</b> <b>HICKORY FL 39803-2228</b> <b>US</b>
--	--



<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Date Incorporated or Qualified</b> <b>05/01/1963</b>	<b>3a. Date of Last Report</b> <b>03/25/1996</b>
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>59-1025849</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>		<b>27</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b>		<b>28</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>		<b>29</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>STARLING, JOHN M</b> <b>509 PALM AVE.</b> <b>TITUSVILLE FL 32781</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
---	--	---	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUFORD, A. POPE	1.2 NAME	
STREET ADDRESS	1985 TATE BLVD SE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HICKORY NC	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUFORD, HUNTC	2.2 NAME	
STREET ADDRESS	1985 TATE BLVD SE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HICKORY SC	2.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, JERRY R	3.2 NAME	
STREET ADDRESS	1985 TATE BLVD., S.E.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HICKORY NC 28802	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 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:** *C. Hunt Shuford, Jr.* **C. Hunt Shuford, Jr.** **4-16-97** **704-328-2131**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #