

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90015 015 ***150.00

DOCUMENT # 282162

1. Corporation Name
J & G SHEPARD, INC.



Principal Place of Business
**E WASHINGTON ST AT ELOISE
PO BOX 340
LK CITY FL 32056-0340**

Mailing Address
**E WASHINGTON ST AT ELOISE
PO BOX 340
LK CITY FL 32056-0340**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1964

4. FEI Number

59-1052335

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 264 Shelby Dr.

Suite, Apt. #, etc.

22 City & State
23 Lake City, Fl. 32055

24 Zip **32055**

25 Country **USA**

2a. Mailing Address

26 264 Shelby Dr.

Suite, Apt. #, etc.

27 City & State
28 Lake City, Fl. 32055

29 Zip **32055**

30 Country **USA**

9. Name and Address of Current Registered Agent

**SHEPARD JACK
E WASHINGTON AT ELOISE STREET
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81 Name **Jack Shepard**

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

83 **Lake City,**

84 City **Lake City,** **FL** **85** Zip Code **32055**

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 **Jack Shepard**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SHEPARD, JACK**
STREET ADDRESS **E WASHINGTON AT ELOISE**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **STD** ☐ DELETE
NAME **SHEPARD, GELEETA**
STREET ADDRESS **E WASHINGTON AT ELOISE**
CITY-ST-ZIP **LAKE CITY 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **264 Shelby Dr.**
1.4 CITY-ST-ZIP **Lake City, Fl. 32055**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **264 Shelby Dr.**
2.4 CITY-ST-ZIP **Lake City, Fl. 32055**

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

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 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, with all other like empowered.

SIGNATURE: **Jack Shepard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 **904-752-0658**

Date

Daytime Phone #

CR2E034 (11/98)