

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 346029 (2)
1. Corporation Name
SHEY ASSOCIATES, INC.



Principal Place of Business
6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607
US

Mailing Address
6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1969	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1259558		Applied For Not Applicable	
23 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FRAZIER, ROBERT H II
6110 NW 1ST PLACE
SUITE A
GAINESVILLE FL 32607

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
FL

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

Signature typed in printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	SHEY, KARA	1.2 NAME	Kara Shey
STREET ADDRESS	6110 NW 1ST PLACE, SUITE A	1.3 STREET ADDRESS	6110 NW 1ST PL SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	SD	2.1 TITLE	
NAME	KOEHAHE, MARK J	2.2 NAME	
STREET ADDRESS	6110 NW 1ST PLACE, SUITE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	SHULTZ, RONALD M	3.2 NAME	
STREET ADDRESS	6110 NW 1ST PLACE, SUITE A	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	FRAZIER, ROBERT H III	4.2 NAME	
STREET ADDRESS	6110 NW 1ST PLACE, SUITE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Ron Shultz 2/23/98 352 331 465

CR2E034 (10/97)