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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90025 019 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 346029

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1969

4. FEI Number

59-1259558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

No

10. Name and Address of New Registered Agent

81

Name

LAURA SHEY

82

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

6110 NW 1ST PL. SUITE A

83

Suite

SUITE A.

84

City

GAINESVILLE

FL

85

Zip Code

32607

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

LAURA SHEY, President

1-25-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME SHEY, LAURA
STREET ADDRESS 6110 NW 1ST PL, STE A
CITY-ST-ZIP GAINESVILLE, FL 00000 32607

TITLE TD ☒ DELETE

NAME SHULTZ, RONALD M
STREET ADDRESS 6110 NW 1ST PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE PD ☒ DELETE

NAME FRAZIER, ROBERT H III
STREET ADDRESS 6110 NW 1ST PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE 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 ☐ Change ☒ Addition

1.2 NAME JEFFREY L KLUCK
1.3 STREET ADDRESS 6110 NW 1ST PL, SUITE A
1.4 CITY-ST-ZIP GAINESVILLE, FL 32607

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 PD
3.3 STREET ADDRESS SHEY, LAURA
3.4 CITY-ST-ZIP 6110 NW 1ST PL, SUITE A
GAINESVILLE, FL 32607

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:

LAURA SHEY, President

Date

Daytime Phone #

1-25-99 (352) 372-5773

CR2E034 (11/98)