

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **694585** (1)

1. Corporation Name

SHAVER CONSTRUCTION COMPANY, INC.



Principal Place of Business

**10899 SUNSET DR #203
MIAMI FL 33173**

Mailing Address

**10899 SUNSET DR #203
MIAMI FL 33173**

3. Date Incorporated or Qualified
07/06/1981

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2110655

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

23
Zip Country

28
Zip Country

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

24
25

29
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAVER, D. SCOTT
14522 S.W. 75TH ST.
MIAMI FL 33183**

81 Name

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

83

84 City

FL

85 Zip Code

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 of principal officer or director or registered agent)

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **S
SHAVER, BARBARA S.**
STREET ADDRESS **14522 S.W. 75TH STREET**
CITY-ST-ZIP **MIAMI FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PTD
SHAVER, D SCOTT**
STREET ADDRESS **14522 S.W. 75TH STREET**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

TITLE ☐ DELETE
NAME **VD
MESSIMER, ROBERT L**
STREET ADDRESS **RD 1**
CITY-ST-ZIP **DALTON PA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

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:

D. Scott Shaver

D. Scott Shaver, President/Director 2/14/96

PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)