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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 817345 (2)

1. Corporation Name  
SHEPHERD CONSTRUCTION CO., INC.

Principal Place of Business

1800 BRIARCLIFF RD., N. E.  
P. O. BOX 8088 STATION F  
ATLANTA GA 31106-0088  
US

Mailing Address

1800 BRIARCLIFF RD., N. E.  
P. O. BOX 8088 STATION F  
ATLANTA GA 30306-0088  
US



3. Date Incorporated or Qualified 09/11/1963	3a. Date of Last Report 01/26/1996
4. FEI Number 58-0548372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

By above typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEPHERD, DAN P	
STREET ADDRESS	1800 BRIARCLIFF RD NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SHEPHERD, J HAROLD	
STREET ADDRESS	1800 BRIARCLIFF RD NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHEPHERD, W CLYDE, JR.	
STREET ADDRESS	1800 BRIARCLIFF RD NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANEY, CHARLES H., JR.	
STREET ADDRESS	1800 BRIARCLIFF RD NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	CRAWFORD, FRED W., JR.	
STREET ADDRESS	1800 BRIARCLIFF RD NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	DDP	<input type="checkbox"/> DELETE
NAME	SHEPHERD, STEPHEN B.	
STREET ADDRESS	1800 BRIARCLIFF RD NE	
CITY- ST- ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN B. SHEPHERD

2/26/97 (404) 325-9350

Date

Daytime Phone #

CR2E034 (9/96)