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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Secretary of State DIVISION OF CORPOR

DOCUMENT # 817345

(2)

SHEPHERD CONSTRUCTION CO., INC.

a m	Jan 28 1998 8:00am
ATIONS	Secretary of State

FILED

	·						
Principal Place of Business		Mailing Address			INTERNITE CONTRACTOR DE CONTRA		
1800 BRIARCLIFF RD., N. E.		1800 BRIARCLIFF RD., N. E.					
P. O. BOX 8088 STATION F P. O. B		P. O. BOX 8088 STATIO ATLANTA GA 30306-0088	D. BOX 8068 STATION F		DO NOT WRITE IN	THIS SPACE	
บร		US			3. Date Incorporated or Qualified		
					09/11/1963		
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		58-0548372	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Count	lry	8. This corporation owes or has paid	the current year Intangible	
24	25	29	30		Personal Property Tax due June 30		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	stered Agent	
∤ TH	IE PRENTICE-HALL CORPORATIO	N SYSTEM, INC.	8	1 Name			
, -	01 HAYS STREET		8	2 Street Addre	ess (P.O. Box Number is Not Acceptable))	
SUITE 105 TALLAHASSEE FL 32301			8	3			
				4 City		85 Zip Code	
						FL '	
11. Pursuant	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.						
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statut	es,	ons board of directors. Thereby accept t	ne appointment as registered	
SIGNATURE							
	Signature, typed or printed name of registered age	TOTAL A CONTRACTOR OF THE CONT		gent signature require		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	VD	☐ DELETE	1.1 TITLE			Change Addition	
NAME SHEPHERD, DAN P			12 NAM				
STREET ADDRESS 1800 BRIARCLIFF RD NE			13STRE	ET ADDRESS			
City - ST - ZIP	ATLANTA GA			-ST-ZIP			
TITLE	CEO	DELETE	2.1 TITLE			Change Addition	
NAME	SHEPHERD, J HAROLD		2.2 NAM				
CITY - ST - ZIP	ATLANTA GA		4	ET AUDHESS			
TITLE	SD	DELETE	2. 4 CITY 3.1 TITLE				
NAME	SHEPHERD, W CLYDE, JR.		3.2 NAMI	1		☐ Change ☐ Addition	
STREET ADDRESS	STREET ADDRESS 1800 BRIARCLIFF RD NE			1		ļ	
CITY-ST-ZIP	A 100 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A			ET ADDRESS		j	
TITLE	D	DELETE	3.4. CITY				
NAME	HANEY, CHARLES H., JR.		4.1 TITLE	1		☐ Change ☐ Addition	
STREET ADDRESS	1800 BRIARCLIFF RD NE		4. 2 NAM	-		į	
CITY-ST-ZIP ATLANTA GA			T ADDRESS		1		
TITLE	COO	The state of the s	4.4 CITY-	ST-ZIP			
NAME		DELETE	5.1 TITLE	}		Change Addition	
STREET ADDRESS	CRAWFORD, FRED W., JR.		5.2 NAME	1		Ì	
	1800 BRIARCLIFF RD NE		5.3 STREE	T ADDRESS		ł	
CITY-ST-ZIP TITLE	ATLANTA GA		5.4 CITY-				
11145	200			S1-ZIP		,	
	DDP	DELETE	6.1 TITLE	SI-ZIP		Change Addition	
NAME	SHEPHERD, STEPHEN B.	DELETE		SI-ZIP		Change Addition	
NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME	T ADDRESS		Change Addition	

14. I hereby certify that the information supplied with this filling does not qualify for the elemption 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 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 trusted 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:

404325-935Ø