

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90020 032 \*\*\*150.00

DOCUMENT # 817345

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1963

4. FEI Number

58-0548372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 31106-0088 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

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 VD ☐ DELETE  
NAME SHEPHERD, DAN P  
STREET ADDRESS 1800 BRIARCLIFF RD NE  
CITY-ST-ZIP ATLANTA GA

TITLE CEO ☐ DELETE  
NAME SHEPHERD, J HAROLD  
STREET ADDRESS 1800 BRIARCLIFF RD NE  
CITY-ST-ZIP ATLANTA GA

TITLE SD ☐ DELETE  
NAME SHEPHERD, W CLYDE, JR.  
STREET ADDRESS 1800 BRIARCLIFF RD NE  
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE  
NAME HANEY, CHARLES H., JR.  
STREET ADDRESS 1800 BRIARCLIFF RD NE  
CITY-ST-ZIP ATLANTA GA

TITLE COO ☐ DELETE  
NAME CRAWFORD, FRED W., JR.  
STREET ADDRESS 1800 BRIARCLIFF RD NE  
CITY-ST-ZIP ATLANTA GA

TITLE DOP ☐ 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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 404/325-9350

CR2E034 (1/198)