

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000622 (2)

1. Corporation Name:

S. D. SHEPHERD SYSTEMS, INC.



Principal Place of Business

1401 MANATEE AVENUE WEST, SUITE 1000
BRADENTON FL 34205

Mailing Address

1401 MANATEE AVENUE WEST, SUITE 1000
BRADENTON FL 34205

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.06(2) and 607.15(6), 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 607.07(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Tax Agent

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHEPHERD, STEVEN J
STREET ADDRESS 1401 MANATEE AVENUE WEST, SUITE 1000
CITY, ST, ZIP BRADENTON FL 34205

TITLE VD
NAME SHEPHERD, DARYL W
STREET ADDRESS 1401 MANATEE AVENUE WEST, SUITE 1000
CITY, ST, ZIP BRADENTON FL 34205

TITLE S
NAME WEDDING, DOUGLAS R
STREET ADDRESS 1401 MANATEE AVENUE WEST, SUITE 1000
CITY, ST, ZIP BRADENTON FL 34205

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME ☐ Change ☐ Addition

1 NAME

1 STREET ADDRESS

1 CITY, ST, ZIP

2 NAME ☐ Change ☐ Addition

2 NAME

2 STREET ADDRESS

2 CITY, ST, ZIP

3 NAME ☐ Change ☐ Addition

3 NAME

3 STREET ADDRESS

3 CITY, ST, ZIP

4 NAME ☐ Change ☐ Addition

4 NAME

4 STREET ADDRESS

4 CITY, ST, ZIP

5 NAME ☐ Change ☐ Addition

5 NAME

5 STREET ADDRESS

5 CITY, ST, ZIP

6 NAME ☐ Change ☐ Addition

6 NAME

6 STREET ADDRESS

6 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form 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 registered or bonded agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in the form or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

747-5007x712

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