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 Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90076 024 ***150.00

DOCUMENT # F9200000622

1. Corporation Name

S. D. SHEPHERD SYSTEMS, INC.

Principal Place of Business	Mailing Address
1401 Manatee avenue West. Suite 1000	1401 MANATEE AVENUE WEST. SUITE 1000
Bradenton FL 34205	BRADENTON FL 34205

|--|

BRADENTON FL		BRADENTON FL 34205		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	1
				12/11/1992	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		76-0213055	Not Applicable
Suite, Apt. i	# etc.	Suite, Apt. #, etc.		\$8.7	5 Additional
22	., 5151	27		5. Certifcate of Status Desired Fee	Required
City & State		City & State		6. Election Campaign Financing \$5.0	00 May Be
23		28			led to Fees
Zìp	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	10	Personal Property Tax.	□No
	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
	•		81 Name		
CT	CORPORATION SYSTEM		20 20 - 1 4 4	description (D.O. Description and Accountable)	
1200	SOUTH PINE ISLAND ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PLAN	ITATION FL 33324		83		
	•				
			84 City	FL 85 2	Zip Code
44 - Domestian 4	to the annulations of Continue 607.05	02 and 607 1508 Florida Statutes	the above-named cor	moration submits this statement for the purpose of changing	its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	inorized by the corporal	tion's board of directors. I hereby accept the appointment a	s registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	•			ired when reinstating) DATE	
	Signature, typed or printed name of registered ag	ent and title if applicable. , (NOTE:) ND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12
12.	PD OFFICERS A	DELETE	1.1 TITLE	Char	
			1		· _
NAME :	SHEPHERD, STEVEN J	T CHITE 1000	1.2 NAME		
STREET ADDRESS	1401 MANATEE AVENUE WES	SI, SUITE 1000	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205	☐ DELETE	1.4 CITY-ST-ZIP	Char	nge Addition
TITLE	VD	LI DELETE	2.1 TITLE		.go [_], (asias:
NAME	SHEPHERD, DARYL W		2.2 NAME	•	
STREET ADDRESS	1401 MANATEE AVENUE WES	ST, SUITE 1000 ~ ~	2.3 STREET ADDRESS		~ .
CITY-ST-ZIP	BRADENTON FL 34205		2.4 CITY-ST-ZIP		- District
TITLE	S	☐ DELETE	3.1 TITLE	. Char	nge 🔲 Addition
NAME	WEDDING, DOUGLAS R		3.2 NAME		
STREET ADDRESS	1401 MANATEE AVENUE WES	ST, SUITE 1000	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Char	nge
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-SY-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Char	nge Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		□ DELETE	6.1 TITLE	☐ Char	nge Addition
NAME			6.2 NAME		
l	,		6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-78P			0.4 OH 1-31-4F		

CITY-\$T-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 apartiachment with any address, with all other like empowered.

SIGNATURE:

. Shapherd 3/18/99