FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 12 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 # **F94000006105 (0)**

1. Corporation Name
SHERERTZ, FRANKLIN, CRAWFORD, SHAFFNER, INC.

Principal Place of Business	Mailing Address
305 S. JEFFERSON ST. ROANOKE VA 24011	305 S. JEFFERSON ST. ROANOKE VA 24011-2003

3. Date Incorporated or Qualified: **11/30/1994**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **54-1443630** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHAFFNER, PATRICK N		1.2 NAME		
STREET ADDRESS	2635 TURNBERRY RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SALEM VA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, CURTIS R JR		2.2 NAME		
STREET ADDRESS	6835 SUGAR PLUM RIDGE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROANOKE VA		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, RONALD O		3.2 NAME		
STREET ADDRESS	4415 HARFORD CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROANOKE VA		3.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOOR, MANJIT S		4.2 NAME		
STREET ADDRESS	5740 EQUESTRIAN DR., S.W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROANOKE VA		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, GREGORY A		5.2 NAME		
STREET ADDRESS	814 STONEY ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TROUTVILLE VA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/29/97 540-344-6664