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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000001750 (6)

1. Corporation Name

SHELTER SOLUTIONS, INC.

Principal Place of Business

Mailing Address

898 POWDER SPRINGS ST  
MARIETTA GA 30064

898 POWDER SPRINGS ST  
MARIETTA GA 30064



3. Date Incorporated or Qualified  
04/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERREN, J S  
GREENWOOD ESTATES  
7813 N LAGOON DR #4G  
PANAMA CITY BCH FL 32408

81 Name

Herren, J.S.

82 Street Address (P.O. Box Number is Not Acceptable)

Greenwood Estates

83

7813 N. Lagoon Dr. # 2D

84

City Panama City Bch

FL

85

Zip Code 32408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP  
NAME HERREN, J S  
STREET ADDRESS 898 POWDER SPRINGS ST  
CITY-ST-ZIP MARIETTA GA 30064

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DT  
NAME TRAVIS, GARY O  
STREET ADDRESS 300 CHASTAIN CENTER BLVD #301  
CITY-ST-ZIP KENNESAW GA 30144

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME ESTES, JIM  
STREET ADDRESS 1177 BELLEMEADE DR  
CITY-ST-ZIP MARIETTA GA 30060

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME RISSE, ANNETTE  
STREET ADDRESS 211 ROSWELL ST  
CITY-ST-ZIP MARIETTA GA 30061

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

J. S. Herren, Pres.

CR2E037 (9/96)