

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90113 022 ****61.25

DOCUMENT # F96000001750

1. Corporation Name

SHELTER SOLUTIONS, INC.

Principal Place of Business

70 WHITLOCK PLACE
MARIETTA GA 30064
US

Mailing Address

70 WHITLOCK PLACE
MARIETTA GA 30064
US

360003-90113-22 3



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

58-1913524

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

9. Name and Address of Current Registered Agent

HERREN, J S
GREENWOOD ESTATES
7813 N. LAGOON DRIVE #20
PANAMA CITY BCH FL 32408

10. Name and Address of New Registered Agent

81 Name

Herren, J.S.

82

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

83

521 MAJORCA CT.

84

City Satellite Beach

FL

85 Zip Code

32937

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DCP
HERREN, J S
70 WHITLOCK PLACE
MARIETTA GA 30064

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DT
TRAVIS, GARY O
2759 DELK ROAD #201
MARIETTA GA 30067

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ESTES, JIM
1177 BELLEMEADE DR
MARIETTA GA 30060

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
RISSE, ANNETTE
211 ROSWELL ST
MARIETTA GA 30061

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7549 Island Mill Rd.
Acworth, GA 30102

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S
Michael Kaleybar
70 Whitlock Pl.
Marietta GA 30064

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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 617, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

770-499-9997

Daytime Phone #

CR2E037 (11/98)

0081064