

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G07449 (3)

1. Corporation Name

SHIPPER MANAGEMENT CONSULTANTS, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 10: 00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**% LEON SHIPPER
13505 COCO PLUM COURT
PLAM CITY FL 33490**

Mailing Address
**% LEON SHIPPER
13505 COCO PLUM COURT
PLAM CITY FL 33490**

3. Date Incorporated or Qualified **11/05/1982** 3a. Date of Last Report **06/29/1994**
4. FEI Number **59-2243632** 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

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

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

9. Name and Address of Current Registered Agent

**SHIPPER, LEON
13505 COCO PLUM COURT
PLAM CITY FL 33490**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SHIPPER, LEON
STREET ADDRESS	13505 COCO PLUM COURT
CITY - ST - ZIP	PALM CITY FL
TITLE	VSD
NAME	SHIPPER, IRWIN W
STREET ADDRESS	3220 MONET DRIVE
CITY - ST - ZIP	PALM BCH. GARDENS FL
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 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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:

Irwin W. Shipper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Irwin W. Shipper

5/31/95 **908-750-1150**
(date) (telephone)