


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # G26060 (5)
1. Corporation Name
SHAFFER & ASSOCIATES, INC.



Principal Place of Business 12734 KENWOOD LANE STE 69 FORT MYERS FL 33907 US	Mailing Address 12734 KENWOOD LANE STE 69 FORT MYERS FL 33907 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1983	
21	22	26	27	4. FEI Number 59-2268185	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GALLUP, DANA % ALLEN, KNUDSEN, DEBOEST & ROBERTS, P.A. 1415 HENDRY ST. FT. MYERS FL 33902				10. Name and Address of New Registered Agent		
				81 Name Carolann Austin Swanson, P.A.		
				82 Street Address (P.O. Box Number is Not Acceptable) 12601 World Plaza Lane, #2		
				83		
				84 City Fort Myers	85 Zip Code FL 33907	

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 Carolann A. Swanson **Carolann A. Swanson** 1/19/97
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, GEORGE	1.2 NAME	
STREET ADDRESS	841 CYPRESS LAKE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, LOURETTA A.	2.2 NAME	
STREET ADDRESS	841 CYPRESS LAKE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George C. Shaffer **George C. Shaffer** 1/16/98 941/939-1977
Signature, typed or printed name of signing officer or director. Date. Office Phone Number.

CR2E034 (10/97)