Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G26060

Principal Place of Business

SHAFFER & ASSOCIATES, INC.

12734 KENWOOD LANE STE 69 FORT MYERS FL 33907 US		12734 KENWOOD LANE STE 69 FORT MYERS FL 33907 US			3. Date Inc.	DO NOT WRIT	re in this	SPACE	<u> </u>	
00		00			03/02/					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26			59-226	i818 <u>5 </u>			Not a	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificat	e of Status Desired	X			ditional
22		27			o. German			Fe	e Req	uired
City & State		City & State			6. Election	Campaign Financing		•	. 00 м	
23		28			Trust Fu	nd Contribution		Ad	ded to	Fees
Zip	Country	Zip	Country	′	,	poration owes the curre	•		_	7
24	25	29 30	<u> </u>			Personal Property Tax. See No. 10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	t Registered Agent	81	Nam		nd Address of New K	egistered A	tgent		
SWA	NSON, CAROLANN A		Ľ.	IVali						
	FIRST STREET, SUITE 1000	82 Street Ad			et Address (P.O. Box N	ddress (P.O. Box Number is Not Acceptable)				
FT. MYERS FL 33901		l e		_	 -				_	
			"							
			84	City	*		· EI	85	Zip Co	de
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 agen	and fills if applicable (NOTE: Dr	onstared Area	nt cionati	re required when reinstating)		DATE			
12.		D DIRECTORS	13.	ik agridio		NS/CHANGES TO OFF		O DIRE	CTOR	S IN 12
TITLE	P	DELETE	11 TITLE		,			☐ Cha		Addition
NAME I	SHAFFER, GEORGE	l	1.2 NAME			•				1
STREET ADDRESS	841 CYPRESS LAKE CIRCLE	l	1.3 STREE	T ADDRES	ss					
CITY-ST-ZIP	FT MYERS, FL 00000		1.4 CITY-S	T-ZIP						
TITLE	ST	☐ DELETE	2.1 TTTLE	***************************************				☐ Cha	inge	Addition
NAME	SHAFFER, LOURETTA A.		2.2 NAME			•				
STREET ADDRESS	841 CYPRESS LAKE CIRCLE	l	2.3 STREE	T ADDRES	is :		•			
CITY-ST-ZIP	FT MYERS, FL 00000		2, 4 CITY-5	ST-ZIP	· -		به میتهد بد	4	·	هر≖. سيد
TITLE		☐ DELETE	3.1 TITLE				_	☐ Cha	ange	Addition
NAME		l	3.2 NAME			•			•	
STREET ADDRESS			3.3 STREE	T ADDRES	ss					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP						
TITLE	-	☐ DELETE	4.1 TITLE					Cha	inge	☐ Addition
NAME		!	4. 2 NAME							
STREET ADDRESS		l	4.3 STREE	T ADDRES	ss					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			·			,
TITLE		☐ DELETE	5.1 TITLE					☐ Cha	ange	☐ Addition
NAME		12.4	5.2 NAME		A John May April 2 Print 2 Pri	t van kanta i vii vii i a v	tion state to			
STREET ADDRESS		· · · · ·	5.3 STREE		is i		* ** - safreta : Ch	-		}
CITY-ST-ZIP			5.4 CfTY-S	T-ZIP		•				
TITLE		☐ DELETE	6.1 TITLE					Cha	inge	☐ Addition
NAME		ļ	6.2 NAME							
STREET ADDRESS			6.3 STREE	TADORES	is					

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP

941-939-1977

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90130 001 ***158.75