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DOCUMENT # H09600							FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA				
STEPHEN SHELTON CONSTRUCTION, INC.											
							01 SEP 11	PM L	<b>⊹:</b> 03		
Principal Place of Business PO BOX 13104 TALLAHASSEE FL 32317-3104			Mailing Address PO BOX 13104 TALLAHASSEE FL 32317-3104					II <b>as</b> ii <b>s</b> issi	Buri biri biri b	10)( 6)0)( <b>60</b> 0	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				, DO NOT WRIT	E IN THIS	S SPACE		
City & State			City & State			4. F	FEI Number 59-2423613			plied For t Applicable	-
Zíp	Country		Zip	Coun	try	5. (	Certificate of Status Desired		\$8.75 Add	litional	1
	Istered Agent			7. 1	Name and Address of New Ro	gistered	l Agent		1		
CHELTON CTEMIEN D					Name	5	i ime				
!	SHELTON, STEPHEN B 6027 OX BOTTOM MANOR DRIVE			Street Ac		Box Number is Not Acceptable	)			]	
	ASSEE FL 32312				1177	· G 11	. /				1
				City	7 M	sh Grove RD.	F	Zip Cod		-	
						9//	the first of the state of the		- 323	05	4
8. The above	e named entity submits this stateme	ent for the	purpose of changing its r	egistere	ed office or	registered ag	ent, or both, in the State of Fio	rida.			
SIGNATURE	Signature, typed or printed name of registered		AVATE:	Oi		e required when re	-1-4-8	DATE			
							einstattiig)	DATE			+
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so.  Make Check Payab		2001 i	Fee will be	\$750.00	10. Election Campaign Fin- Trust Fund Contribution			<b>0</b> May Be I to Fees			
11.	OFFICERS A	AND DIR	ECTORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AN	D DIRECTORS	3 IN 11	1_
TITLE	PSTD SHELTON, STEPHEN B.		☐ Delete	TITLE		-	,		☐ Change	Addition	5/01
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
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TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG