FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H19202 (1)

1. Corporation Name
SHOAF AND SON, INC.

Principal Place of Business	Mailing Address
3013 SW 34TH TERR. OCALA FL 32674	3013 SW 34TH TERR. OCALA FL 32674

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1984
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21 5240 SW 37 ST.
Suite, Apt. #, etc. 22
City & State 23 OCALA, FL
Zip 24 34474 Country 25 MARION

2a. Mailing Address
26 5240 SW 37 ST.
Suite, Apt. #, etc. 27
City & State 28 OCALA, FL
Zip 29 34474 Country 30 MARION

4. FEI Number: 59-2464557 ☐ 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

9. Name and Address of Current Registered Agent

SHOAF, LEON I., JR.
3013 SW 34TH TERR.
OCALA FL

10. Name and Address of New Registered Agent

81 Name: LEON I. SHOAF, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 5240 SW 37 ST.
83
84 City: OCALA FL 85 Zip Code: 34474

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☑ Change ☐ Addition
NAME	SHOAF, LEON I., JR.	12 NAME		
STREET ADDRESS	3013 SW 34TH TERR.	13 STREET ADDRESS	5240 SW 37 ST.	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	SHOAF, JILL I.	22 NAME		
STREET ADDRESS	3013 SW 34TH TERR.	23 STREET ADDRESS	5240 SW 37 ST.	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SHOAF, LEON I., SR.	32 NAME		
STREET ADDRESS	610 SE 17TH PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 on an attachment with an address.

SIGNATURE: Leon Shoaf Jr / LEON SHOAF, JR / PRES / 5-13-95 / 237-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0351339 CP