

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H27527 (1)

1. Corporation Name

SHEPPARD LAND DEVELOPMENT CORP.



Principal Place of Business

**8812 OAKWOOD DRIVE
LAKE WALES FL 33853**

Mailing Address

**8812 OAKWOOD DRIVE
LAKE WALES FL 33853**

2. Principal Place of Business

21 **8812 Oakwood Dr**
State, Apt. #, etc.

22 City & State

23 **Lake Wales, FL**

24 Zip **33853**

25 Country **USA**

2a. Mailing Address

26 **8812 Oakwood Dr**
State, Apt. #, etc.

27 City & State

28 **Lake Wales, FL**

29 Zip **33853**

30 Country **USA**

9. Name and Address of Current Registered Agent

**SHEPPARD, ROBERT
8812 OAKWOOD DRIVE
LAKE WALES FL 33853**

3. Date Incorporated or Qualified
10/26/1984

3a. Date of Last Report
06/06/1995

4. FEI Number
59-2454476

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 Statute. ☒ Yes ☐ No

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 607.007 and 607.1506, 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, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 6.07 and 6.08, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
SHEPPARD, JUDITH
8812 OAKWOOD DRIVE
LAKE WALES FL 33853**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**SD
SHEPPARD, ROBERT
8812 OAKWOOD DRIVE
LAKE WALES FL 33853**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
SHEPPARD, DAVID
8812 OAKWOOD DRIVE
LAKE WALES FL 33853**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental statement report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the sole owner or trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I charge, on penalty of attachment with perjury.

SIGNATURE:

Robert Sheppard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)