

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 26 PM 3:10

DOCUMENT # H44829 (O)

1. Corporation Name

W.T. SHIVELY, AGENCY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

**% WALTER M. TOVKACH
931 BAREFOOT BLVD
BAREFOOT BAY FL 32976**

Mailing Address

**% WALTER M. TOVKACH
931 BAREFOOT BLVD
BAREFOOT BAY FL 32976**

3. Date Incorporated or Qualified

02/22/1985

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2498964

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**TOVKACH, WALTER M.
527 EAST UNIVERSITY AVE
P.O. BOX 1070
GAINESVILLE FL 32601**

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 607.0502 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 agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

**SHIVELY, W. T.
780 MONTCLAIR RD.
PALM BAY FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

V

NAME

**SHIVELY, LORETTA
780 MONTCLAIR RD
PALM BAY FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

D

NAME

**SHIVELY, W. T.
780 MONTCLAIR RD.
PALM BAY FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

**1147 TEQUESTA DRIVE
BAREFOOT BAY, FLORIDA 32976**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

**1147 TEQUESTA DRIVE
BAREFOOT BAY, FLORIDA 32976**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

**1147 TEQUESTA DRIVE
BAREFOOT BAY, FLORIDA 32976**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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)(b), 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 resolver 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:

W. T. Shively, President

01-23-95

(407) 664-3154

Signature and typed or printed name of officer or director

Date

Corporate Number