FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
95 JAN 24 AM 10:41
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **H44829** **(0)**

1. Corporation Name
W.T. SHIVELY, AGENCY, INC.

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: 01/26/1995
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 24 | Country 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip 29 | Country 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SHIVELY, W. T.	
STREET ADDRESS	1147 TEQUESTA DR	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	V	☐ DELETE
NAME	SHIVELY, LORETTA	
STREET ADDRESS	1147 TEQUESTA DRIVE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	☐ DELETE
NAME	SHIVELY, W. T.	
STREET ADDRESS	1147 TEQUESTA DRIVE	
CITY-ST-ZIP	BAREFOOT FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	900001707749	☐ Change ☐ Addition
2.2 NAME	-02/06/96--01083--003	
2.3 STREET ADDRESS	****200.00 ****200.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: W. T. Shively, President — 01/22/96 — 407-664-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #