

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H44829 (0)

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

Principal Place of Business

Mailing Address

~~WALTER M. TOVKACH~~
931 BAREFOOT BLVD
BAREFOOT BAY FL 32976

~~WALTER M. TOVKACH~~
931 BAREFOOT BLVD
BAREFOOT BAY FL 32976

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1985

4. FEI Number

59-2498964

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 931 Barefoot Blvd.

2a. Mailing Address
26 931 Barefoot Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Barefoot Bay, Florida

27 City & State
28 Barefoot Bay, Florida

24 Zip
32976

Country

29 Zip
32976

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

William J. Shively

82 Street Address (P.O. Box Number is Not Acceptable)

83

7201 N.W. 11th Place

84 City

Gainesville

FL

85 Zip Code

32605

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



William J. Shively

January 26, 1998

(Print or typed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SHIVELY, W. T.	
STREET ADDRESS	10364 SW 51ST LANE	
CITY - ST - ZIP	GAINESVILLE FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHIVELY, LORETTA	
STREET ADDRESS	10364 SW 51ST LANE	
CITY - ST - ZIP	GAINESVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHIVELY, W. T.	
STREET ADDRESS	10364 SW 51ST LANE	
CITY - ST - ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	President/Director
1.2 NAME	William J. Shively
1.3 STREET ADDRESS	7201 N.W. 11th Place
1.4 CITY - ST - ZIP	Gainesville, Florida 32605

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		


3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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:  William J. Shively January 26, 1998 (352) 332-8800

CR2E034 (10/97)