

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 18 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H92032** (2)

1. Corporation Name

SHAFFER & SONS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8081 PHILLIPS HWY, SUITE 14
JACKSONVILLE FL 32256

8081 PHILLIPS HWY, SUITE 14
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1985	3a. Date of Last Report 03/17/1994
4. FEI Number 59-2823062	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

SHAFFER, JOSEPH MARTIN
8081 PHILLIPS WAY, SUITE 14
JACKSONVILLE FL 32256

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP SHAFFER, JOSEPH MARTIN 8081 PHILLIPS HWY STE 14 JACKSONVILLE FL	1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	T VanZant, Chris W. 8081 Phillips Highway Ste 14 Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V SCHAEDEL, LINDA A 8081 PHILLIPS WAY STE 14 JACKSONVILLE FL	2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Hickman, Wendy 8081 Phillips Highway Ste 14 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T GODDARD, DEBORAH M 8081 PHILLIPS WAY STE 14 JACKSONVILLE FL	3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V ROBBINS, VICTORIA 8081 PHILLIPS WAY STE 14 JACKSONVILLE FL	4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S TREADWELL, CHARLENE 8081 PHILLIPS WAY STE 14 JACKSONVILLE FL	5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V WALTON, JR W.H. 8081 PHILLIPS HWY STE 14 JACKSONVILLE FL	6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 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: *Chris VanZant* 4/4/95 733-73ad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR