

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

DOCUMENT # H92032 (2)
1. Corporation Name
SHAFFER & SONS ENTERPRISES, INC.



Principal Place of Business: **8081 PHILLIPS HWY, SUITE 14 JACKSONVILLE FL 32256**
Mailing Address: **8081 PHILLIPS HWY, SUITE 14 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **12/30/1985**
3a. Date of Last Report: **04/18/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	22	27	59-2823062	Not Applicable
23	23	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	24	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: VANZANT, CHRIS W. STREET ADDRESS: 8081 PHILLIPS HWY STE 14 CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: SCHAEDEL, LINDA A STREET ADDRESS: 8081 PHILLIPS WAY STE 14 CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: GODDARD, DEBORAH M STREET ADDRESS: 8081 PHILLIPS WAY STE 14 CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: ROBBINS, VICTORIA STREET ADDRESS: 8081 PHILLIPS WAY STE 14 CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: TREADWELL, CHARLENE STREET ADDRESS: 8081 PHILLIPS WAY STE 14 CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: WALTON, JR W.H. STREET ADDRESS: 8081 PHILLIPS HWY STE 14 CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	6.1 TITLE	<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 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: Chris W. Vanzant 1/15/96 904 733 7300 ext 18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)