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 # **J00842** **(1)**

1. Corporation Name

RICHARD SHEPARD CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1406 HAYS STREET, SUITE 3 SUITE #3 TALLAHASSEE FL 32301 US	1406 HAYS ST SUITE #3 TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: **02/25/1986**
3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-2639122** ☐ 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	2a. Mailing Address
21 1114 No. ADAMS ST.	26 1114 NORTH ADAMS ST.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 TALLAHASSEE, FL.	City & State 28 TALLAHASSEE, FL
Zip / County 24 32303 / 25 LEON	Zip / Country 29 32303 / 30 LEON

9. Name and Address of Current Registered Agent

SHEPARD, RICHARD F.
1406 HAYS ST., #3
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: SHEPARD, RICHARD F.
82 Street Address (P.O. Box Number is Not Acceptable): 452 FOREST GREEN DR.
83
84 City: TALLAHASSEE FL 85 Zip Code: 32308

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. The 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: RICHARD F. SHEPARD, PRESIDENT — RICHARD F. SHEPARD, PRESIDENT — DATE: 4/18/96

12. OFFICERS AND DIRECTORS		
TITLE	PST	☐ DELETE
NAME	SHEPARD, RICHARD	
STREET ADDRESS	452 FOREST GREEN DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	SHEPARD, RICHARD	
STREET ADDRESS	452 FOREST GREEN DR.	
CITY-ST-ZIP	TALLAHASSEE 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		
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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
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		

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: RICHARD F. SHEPARD — 4/18/96 — (904) 681-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

CR2E034 (12/95)