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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J97528

(0)

1. Corporation Name

SHELTER SYSTEMS, INC.



Principal Place of Business

% LARRY SCHROEDER
P.O. BOX 1959
HOMOSASSA SPRINGS FL 34447
US

Mailing Address

% LARRY SCHROEDER
P.O. BOX 1959
HOMOSASSA SPRINGS FL 34447-1959
US

3. Date Incorporated or Qualified
10/14/1987

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 4059 S FIRESIDE WAY

Suite, Apt #, etc.

2a. Mailing Address

26 Suite, Apt #, etc.

4. FEI Number

59-2849431

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

22 City & State

23 HOMOSASSA SPRINGS, FL

27 City & State

28 Zip

24 34447

25 CITRUS

29 Country

30 Country

9. Name and Address of Current Registered Agent

SCHROEDER, LARRY
4244 SKYLARK TERR
HOMOSASSA SPRINGS FL 34447

10. Name and Address of New Registered Agent

81 Name LARRY SCHROEDER
82 Street Address (P.O. Box Number is Not Acceptable)
4059 S. FIRESIDE WAY
83 Hom
84 City HOMOSASSA SPGS, FL
85 Zip Code 34447

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHROEDER, LARRY
STREET ADDRESS 4244 SKYLARK TERR
CITY-ST-ZIP HOMOSASSA SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0440295

CR2E034 (9/96)