

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K63465 (4)**

1. Corporation Name  
**RON SHEPHERD PAINTING CONTRACTOR, INC.**



Principal Place of Business	Mailing Address
4084 SUNRISE FARMS ROAD 1805 KILLARN CIRCLE MIDDLEBURG FL 32068	4804 SUNRISE FARMS ROAD 1805 KILLARN CIRCLE MIDDLEBURG FL 32068 US

3. Date Incorporated or Qualified <b>01/27/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

4. FEI Number <b>59-2929183</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SHEPHERD, RONALD L.  
4084 SUNRISE FARMS ROAD  
MIDDLEBURG FL 32068**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	
NAME	SHEPHERD, RONALD L.	
STREET ADDRESS	4084 SUNRISE FARMS ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEPHERD, RONALD L., JR.	
STREET ADDRESS	4048 SUNRISE FARMS ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	TSD	
NAME	SHEPHERD, MARY E.	
STREET ADDRESS	4084 SUNRISE FARMS ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEAN, DANNY	
STREET ADDRESS	6110 SABRE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETE
1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" 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	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHEPHERD, ESTHER L.	
5.3 STREET ADDRESS	4084 SUNRISE FARMS RD.	
5.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068	
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 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: *Ronald L. Shepherd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *11-29-96*  
Daytime Phone #: *904.282-3600*

CR2E034 (12/95)