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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K63465 (4)

1. Corporation Name
RON SHEPHERD PAINTING CONTRACTOR, INC.



Principal Place of Business
4084 SUNRISE FARMS ROAD
1805 KILLARN CIRCLE
MIDDLEBURG FL 32068

Mailing Address
4084 SUNRISE FARMS ROAD
1805 KILLARN CIRCLE
MIDDLEBURG FL 32068
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 01/27/1989	
4. FEI Number 59-2929183	Applied For Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year intangible Personal Property Tax due June 30. <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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	SHEPHERD, RONALD L.	1.2 NAME	Shepherd Ronald L
STREET ADDRESS	4084 SUNRISE FARMS ROAD	1.3 STREET ADDRESS	4084 Sunrise Farm Rd
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	Middleburg FL
TITLE	PD	2.1 TITLE	VD
NAME	SHEPHERD, RONALD L., JR.	2.2 NAME	shepherd Ronald L Jr
STREET ADDRESS	4084 SUNRISE FARMS ROAD	2.3 STREET ADDRESS	4084 Sunrise Farms Rd
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	Middleburg, Flo
TITLE	TSD	3.1 TITLE	
NAME	SHEPHERD, MARY E.	3.2 NAME	
STREET ADDRESS	4084 SUNRISE FARMS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	DEAN, DANNY	4.2 NAME	
STREET ADDRESS	6110 SABRE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	TSD	5.1 TITLE	
NAME	SHEPHERD, ESTHER C.	5.2 NAME	
STREET ADDRESS	4084 SUNRISE FARMS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)

2-20-98-904-282-3600