

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # L46148

(7)

1. Corporation Name

SHADDEN AND ASSOCIATES, INC.

Principal Place of Business

C/O VADEN C. SHADDEN, JR.  
2737 C CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32308

Mailing Address

C/O VADEN C. SHADDEN, JR.  
2737 C CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32308

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:22

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/30/1990

3a. Date of Last Report  
03/23/1994

4. FEI Number  
59-2996652

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

21 2759 MILLSTONE PL. RD.

2a. Mailing Address

26 P. O. BOX 13943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TALLAHASSEE, FL

City & State

28 TALLAHASSEE, FL

Zip

24 32312

Country

25 USA

Zip

29 32317

Country

30 USA

9. Name and Address of Current Registered Agent

SHADDEN, VADEN C., JR.  
2737 C CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2759 MILLSTONE PLANTATION RD.

83

84 City

TALLAHASSEE

FL

85 Zip Code

32312

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

6-15-95

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

|                 |                        |
|-----------------|------------------------|
| TITLE           | D                      |
| NAME            | SHADDEN, VADEN C., JR. |
| STREET ADDRESS  | 2737 C CAPITAL CIR. NE |
| CITY - ST - ZIP | TALLAHASSEE FL         |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 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)(b), 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 owner 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 or Block 14, or on an attachment with an address.

SIGNATURE:

VADEN C. SHADDEN, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-95

904-893-8814