

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

FLORIDA INCORPORATIONS

1996 2-19-96

B-126411C

DOCUMENT # M03910

(0)

1. Corporation Name

SHEPARD CONTRACTING, INC.



Principal Place of Business

16155 SW 117TH AVE
B-16
MIAMI FL 33177
US

Mailing Address

16155 SW 117TH AVE
B-16
MIAMI FL 33177
US

3. Date Incorporated or Qualified

08/13/1984

3a. Date of Last Report

06/20/1995

4. FEI Number

59-2438391

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. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPARD, ROBERT D.
14825 S.W. 82 AVE.
MIAMI FL 33158

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]

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME: P
SHEPARD, ROBERT D.
STREET ADDRESS: 14825 S.W. 82 AVE.
CITY-STATE-ZIP: MIAMI FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME: ST
SHEPARD, PATRICIA A.
STREET ADDRESS: 14825 S.W. 82 AVE.
CITY-STATE-ZIP: MIAMI FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME:

3.2 NAME

STREET ADDRESS:

3.3 STREET ADDRESS

CITY-STATE-ZIP:

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME:

4.2 NAME

STREET ADDRESS:

4.3 STREET ADDRESS

CITY-STATE-ZIP:

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME:

5.2 NAME

STREET ADDRESS:

5.3 STREET ADDRESS

CITY-STATE-ZIP:

5.4 CITY-STATE-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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96

205-238-2357

Expiring Phone #

CR2E034 (12/95)