

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

APPROVED
AND
FILED

95 APR 20 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M67043

(3)

1. Corporation Name

NORTH AMERICAN SHELTER, INC.

Principal Place of Business

% SMITH & HULSEY
P O BOX 5771
COLUMBIA SC 29250-5771

Mailing Address

% SMITH & HULSEY
P O BOX 5771
COLUMBIA SC 29250-5771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1988

3a. Date of Last Report

04/22/1994

4. FEI Number

57-0860855

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

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31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH & HULSEY
225 WATER ST.
SUITE 1800
JACKSONVILLE FL 32202

81 Name

C. Guy Bond

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

121 West Forsyth Street

83

Suite 600

84 City

Jacksonville

FL

32202

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

4-17-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STUDER, THOMAS D.
STREET ADDRESS	1531 BLANDING ST.
CITY-ST-ZIP	COLUMBIA SC
TITLE	D
NAME	TUCKER, JAMES E.
STREET ADDRESS	1531 BLANDING ST.
CITY-ST-ZIP	COLUMBIA SC
TITLE	D
NAME	LANEY, EMSLEY A., III
STREET ADDRESS	1531 BLANDING ST.
CITY-ST-ZIP	COLUMBIA SC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	29201
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	29201
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	29201
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

803-254-6525

Date

Telephone Number