

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P21167 (2)

1. Corporation Name

DAVID SHAPIRO AND COMPANY, INC.



Principal Place of Business

2157 1/2 BEMISS RD  
P.O. BOX 2567 (31604)  
VALDOSTA GA 31602-1940

Mailing Address

2157 1/2 BEMISS RD  
P.O. BOX 2567 (31604)  
VALDOSTA GA 31602-1940

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/04/1988

3a. Date of Last Report

02/07/1995

4. FEI Number

58-0876861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

OWEN, WILLIAM C.  
215 SOUTH MONROE STREET  
SUITE 500  
TALLAHASSEE FL 32301

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, if not applicable, (NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHAPIRO, DAVID  
STREET ADDRESS 3104 EVERGREEN PLACE  
CITY-STATE-ZIP VALDOSTA GA

TITLE ST ☐ DELETE

NAME GOLIVESKY, CARREEN S.  
STREET ADDRESS 2606 WINDING WAY  
CITY-STATE-ZIP VALDOSTA GA

TITLE D ☐ DELETE

NAME SHAPIRO, VICTOR  
STREET ADDRESS 3102 GREENFIELD ROAD  
CITY-STATE-ZIP VALDOSTA GA

TITLE VP ☐ DELETE

NAME SHAPIRO, CARL  
STREET ADDRESS 207 JACKSON CIRCLE  
CITY-STATE-ZIP LAKE PARK GA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

SECRETARY /TREASURER ☐ Change ☐ Addition

VICTOR SHAPIRO

4516 TEMBERBROOK TR.

VALDOSTA, GEORGIA 31602

DIRECTOR ☐ Change ☐ Addition

CARREEN SHAPIRO

2606 WINDING WAY

VALDOSTA, GEORGIA 31602

☐ Change ☐ Addition

411 JACKSON CIRCLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)