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FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1988

4. FEI Number

58-0876861

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME ST
ST SHAPIRO, VITOR
STREET ADDRESS 4516 TEMBERBROOK TR
CITY-ST-ZIP VALDOSTA GA

1.2 TITLE ☐ DELETE

NAME D
D SHAPIRO, CAREEN
STREET ADDRESS 2806 WINDING WAY
CITY-ST-ZIP VALDOSTA GA

1.3 TITLE ☐ DELETE

NAME VP
VP SHAPIRO, CARL
STREET ADDRESS 411 JACKSON CIRCLE
CITY-ST-ZIP LAKE PARK GA

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SHAPIRO, VICTOR
1.3 STREET ADDRESS 3104 EVERGREEN LANE
1.4 CITY-ST-ZIP VALDOSTA, GEORGIA 31602

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PRESIDENT

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 3755 CREEKWOOD DRIVE
3.4 CITY-ST-ZIP VALDOSTA, GEORGIA 31602

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 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.

SIGNATURE:

Carver Shapiro, President 02-04-98 9/12-242-6064

CR2E034 (10/97)