FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-195

FLORIDA DEPARTMENT OF STATE

B 5958-NC

DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041482 (9)

1. Corporate Name

SHIVERS PAINT COMPANY

Principal Place of Business	Mailing Address
323 SW 10TH BLVD ALACHUA FL 32615	PO BOX 1034 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1993

3a. Date of Last Report: 06/29/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite Apt. # etc. — 22 — 27

City & State — 23 — 28

Zip — 24 — County — 25 — Zip — 29 — County — 30

4. FEI Number: 59-3193969 — 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. The corporation has (has) (is exempt) tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHIVERS, JAMES D
323 SW 10TH BLVD
ALACHUA FL 32615

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
1 NAME	SHIVERS, JAMES D	1 NAME	
1 STREET ADDRESS	14429 N.W. 154TH TERRACE	1 STREET ADDRESS	
1 CITY ST ZIP	ALACHUA FL	1 CITY ST ZIP	
2 TITLE	V	2 TITLE	☐ Change ☐ Addition
2 NAME	SHIVERS, ROBERT	2 NAME	
2 STREET ADDRESS	14429 N.W. 154TH TERRACE	2 STREET ADDRESS	
2 CITY ST ZIP	ALACHUA FL	2 CITY ST ZIP	
3 TITLE	ST	3 TITLE	☐ Change ☐ Addition
3 NAME	SHIVERS, JUDY H	3 NAME	
3 STREET ADDRESS	14429 N.W. 154TH TERRACE	3 STREET ADDRESS	
3 CITY ST ZIP	ALACHUA FL	3 CITY ST ZIP	
4 TITLE	D	4 TITLE	☐ Change ☐ Addition
4 NAME	IDDINGS, BRIAN	4 NAME	
4 STREET ADDRESS	RT. 3 BOX 691-A1	4 STREET ADDRESS	
4 CITY ST ZIP	TRENTON FL	4 CITY ST ZIP	
5 TITLE	D	5 TITLE	☐ Change ☐ Addition
5 NAME	MOORE, DEWAYNE	5 NAME	
5 STREET ADDRESS	430 N.W. 2 AVENUE	5 STREET ADDRESS	
5 CITY ST ZIP	HIGH SPRINGS FL	5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: James D. Shivers — James D. Shivers — 4-15-95 — (904) 462-2502

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0412240 FP