

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 # P93000041482 (9)

1. Corporation Name

SHIVERS PAINT COMPANY



Principal Place of Business

323 SW 10TH BLVD
ALACHUA FL 32615

Mailing Address

PO BOX 1034
ALACHUA FL 32615

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 file application

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SHIVERS, JAMES D
14429 N.W. 154TH TERRACE
ALACHUA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SHIVERS, ROBERT
14429 N.W. 154TH TERRACE
ALACHUA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
SHIVERS, JUDY H
14429 N.W. 154TH TERRACE
ALACHUA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
IDDINGS, BRIAN
RT. 3 BOX 691-A1
TRENTON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOORE, DEWAYNE
430 N.W. 2 AVENUE
HIGH SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Vice President
Judy A. Shivers
P.O. Box 1034
Alachua, FL 32615

☒ Change ☒ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Secretary & Treasurer
Celia Douglas
Rt. 2, Box 1389, NE State Rd 47
Trenton, FL 32693

☒ Change ☒ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Director
John Hulsey
P.O. Box 244
Acker, FL 32618

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 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 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:

Judy A. Shivers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96 Vice President
DATE DAY/MONTH/YEAR

CR2E034 (12/95)