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FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32616-1034



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current 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

3. Date incorporated or Qualified

06/04/1993

3a. Date of Last Report

03/04/1996

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

10. Name and Address of New Registered Agent

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

*James D Shivers*

(NOTE: Registered Agent's signature required when reinstating)

4-21-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE VP ☐ DELETE

NAME SHIVER, JUDY A.  
STREET ADDRESS P.O. BOX 1034  
CITY-ST-ZIP ALACHUA FL

TITLE ST ☐ DELETE

NAME DOUGLAS, CARLA  
STREET ADDRESS RT 2 BOX 1389 NE STATE RD 47  
CITY-ST-ZIP TRENTON FL

TITLE D ☐ DELETE

NAME HULSEY, JOHN  
STREET ADDRESS P.O. BOX 244  
CITY-ST-ZIP ARCHER FL

TITLE D ☐ DELETE

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

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

*James D Shivers*

4-21-97 (904) 462-2902

CR2E034 (9/96)