

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1993

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 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.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SHIVERS, JAMES D | |
| STREET ADDRESS | 14429 N.W. 154TH TERRACE | |
| CITY-ST-ZIP | ALACHUA FL | |

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SHIVER, JUDY A. | |
| STREET ADDRESS | P.O. BOX 1034 | |
| CITY-ST-ZIP | ALACHUA FL | |

| | | |
|----------------|------------------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | DOUGLAS, CARLA | |
| STREET ADDRESS | RT 2 BOX 1389 NE STATE RD 47 | |
| CITY-ST-ZIP | TRENTON FL | |

| | | |
|----------------|--------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HULSEY, JOHN | |
| STREET ADDRESS | P.O. BOX 244 | |
| CITY-ST-ZIP | ARCHER FL | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MOORE, DEWAYNE | |
| STREET ADDRESS | 430 N.W. 2 AVENUE | |
| CITY-ST-ZIP | HIGH SPRINGS FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------|---|
| 1.1 TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Shivers, James D | |
| 1.3 STREET ADDRESS | 18630 N.W. CR 239 | |
| 1.4 CITY-ST-ZIP | Alachua, FL 32615 | |

| | | |
|--------------------|-------------------|---|
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Shivers, Judy A. | |
| 2.3 STREET ADDRESS | P.O. Box 1034 | |
| 2.4 CITY-ST-ZIP | Alachua, FL 32616 | |

| | | |
|--------------------|-------------------|---|
| 3.1 TITLE | ST | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Shivers, Robert | |
| 3.3 STREET ADDRESS | 18630 N.W. CR 239 | |
| 3.4 CITY-ST-ZIP | Alachua, FL 32615 | |

| | | |
|--------------------|------------------------|---|
| 4.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Moore, Dewayne | |
| 4.3 STREET ADDRESS | 430 N.W. 2 Avenue | |
| 4.4 CITY-ST-ZIP | High Springs, FL 32655 | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Judy A. Shivers

5.20.98 329 4000

CR2E034 (10/97)