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Mailing Address

ALACHUA FL 32615

PO BOX 1034

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000041482

SHIVERS PAINT COMPANY

Principal Place of Business

323 SW 10TH BLVD

ALACHUA FL 32615

2. Principal Place of Business   2a. Mailing Address   2a. Mailing Address   59-3133969   Applied For South, Apr. #, etc.   Suite, Apr. #, etc.   Suite, Apr. #, etc.   5. Cortificate of Status Desired   Fee Required   Fee Require							06/04/1993				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scortfacate of Status Desired   Fee Required    Zip	2. Principa	It Place of Business	2a. Mailing Add	ress					Арр	ed For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	21		26				59-3193969		Not	\pplicable	
City & State 28   City & State 28   City & State 28   City & State 29   Country 2p   Country 2p   Country 2p   Country 2p   Country 2p   Country 38   Country 38   Country 38   Country 39   Country 39   Country 30   Country 30	Suite, A	pt. #, etc.	<u>⊢</u> , ''	<b>⊢</b>			5. Certifcate of Status Desired	· ·	-		
Zip County Zip County County County Sip County Sip County Sip Sip County Sip	City & S	e City & State									
9. Name and Address of Current Registered Agent  SHIVERS, JAMES D 323 SW 10TH BLVD ALACHUA FL 32615  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Staturies, the above-named co-poration submit it this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was a uthorized by the corporation's board of directors. I hereby accept the app internet as registered agent, and accept the obligations of Section 607.0505, Fird rids Statuties.  SIGNATURE  SIGNATURE  P  SIGNATURE  P  SIGNATURE  P  SINTERET ADDRESS  SINTERET ADRESS  SINTERET ADDRESS	Zip		Country Zip Cou		ountry		·		_	- 1No	
SHIVERS, JAMES D 323 SW 10TH BLVD ALACHUA FL 32615  82   Street Add fress (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  85   Size Add fress (P.O. Box Number is Not Acceptable)  86   City   FL   85   Zip Code  87   Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation's board of directors, i hereby accept the app sixtness as registered agent, or both, in the State or Florida. Such change was a uthorized by the corporation's board of directors, i hereby accept the app sixtness as registered agent, and accept the obligations of, Section 607.0505, Flir rida Statules  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIRVERS, JAMES D  DELETE  1.5 ITILE  PAME  SHIVERS, JAMES D  SIRVERS, JAMES D  1.2 NAME  SHIVERS, JAMES D  1.2 NAME  SHIVERS, JAMES D  1.3 ADDITIC INSICHANGES TO OFFICERS IND DIRECTOR S IN 12  Change   Addition  Change   Addition  Addition  SIRVERS, JAMES D  SIRVERS, JAM	24									1140	
SHIVERS, JAMES D 323 SW 10TH BLVD ALACHUA FL 32615  82 Street Ad fress (P.O. Box Number is Not Acceptable)  83 B4 City F B85 Zip Code  11. Pursuant to the provisions of Secitions 607.0502 and 607.1508, Florida Statules, the above-named co poration submits this statement for the purpose of changing its nigistered office or registered agent, or both, in the State or Florida. Such change was curtorized by the corporation's board of directors. I hereby accept the app immernal as registered agent, and facely filter obligations of, Section 607.0505, Fit reds Statules.  SIGNATURE  SIGNATURE  SHIVERS, JAMES D  TITLE  P  DELETE  1.1 TITLE  P  DELETE  1.1 TITLE  P  ADDITTIONS/CHANGES TO OFFICERS IND DIRECTOR S IN 12  Change Addition  STREET ADDRES S  SIRVERS, JAMES D  1.3 STREET ADDRES S  ADDITTIONS/CHANGES TO OFFICERS IND DIRECTOR S IN 12  Change Addition  STREET ADDRES S  SIRVERS, JAMES D  SIRVERS, JAMES D  1.3 STREET ADDRES S  SIRVERS, JAMES D  1.3 STREET ADDRES S  SIRVERS, JAMES D  SIRVERS, JA		9. Name and Address of Cu	urrent Registered Agent		81	Name	To. Name and Address of New Ivegr	steren Agent			
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its nigistered agent, or both, in the State or Florida. Such change was a uthorized by the corporation's board of directors. I hereby accept the app interest as registered agent, and accept the obligations of, Section 607,0505, Florida Statules.  SIGNATURE    Consider the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation's board of directors. I hereby accept the app interest as registered agent agent and accept the obligations of, Section 607,0505, Florida Statules.  SIGNATURE   Consider the provisions of Section 607,0505, Florida Statules.  SIGNATURE   Consider the provisions of Section 607,0505, Florida Statules.  SIGNATURE   Consider the provisions of Section 607,0505, Florida Statules.  SIGNATURE   Consider the provisions of Section 607,0505, Florida Statules.  SIGNATURE   Consider the provisions of Section 607,0505, Florida Statules.  In the consideration of the provisions of Section 607,0505, Florida Statules.  In the consideration of the provisions of Section 607,0505, Florida Statules.  In the consideration of the provisions of Section 607,0505, Florida Statules.  In the consideration of the provisions of the provisions board of directors. I hereby accept the apprintment as registered agent	l '										
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11. Pursuant to the provisions of Se itions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was a uthorized by the corporation's board of directors. I hereby accept the app intrinent as registered agent, I am family with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF S IN 12  TITLE  P  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF S IN 12  ITITLE  P  SHIVERS, JAMES D  STREET ADDRESS  CITY.ST-ZIP  ALACHUA FL 32615  TITLE  ST  DELETE  1.1 TITLE  1.2 NAME  SHIVER, JUDY A.  STREET ADDRESS  CITY.ST-ZIP  ALACHUA FL 32616  DELETE  3.1 TITLE  ST  DELETE  3.1 TITLE  ST  DELETE  3.1 TITLE  SHIVERS, ROBERT  SHIVERS, ROBERT  SHIVERS, ROBERT  STREET ADDRESS  CITY.ST-ZIP  ALACHUA FL 32615  1.2 NAME  3.3 STREET ADDRESS  CITY.ST-ZIP  ALACHUA FL 32615  1.3 STREET ADDRESS  STREET ADDRESS  TITLE  ALACHUA FL 32615  DELETE  3.1 TITLE  Change  Addition  A					84	City		F   85	Zip Co	de	
DELETE   DELETE   DELETE   1.1 TITLE   DAddition   DELETE   DELE		Signature, typed or printed nar ie of registere				t signature require		RS AND DIR	ECTOR	S IN 12	
NAME   SHIVERS, JAMES D   1.2 NAME   1.3 STREET ADDRESS   18630 NW CR 239   1.3 STREET ADDRESS   1.4 C/TY-ST-ZIP   ALACHUA FL 32615   1.4 C/TY-ST-ZIP   Change   Addition   ALACHUA FL 32615   ALACHUA FL 32615   ALACHUA FL 32616   ALACHUA FL 32615   ALACHUA FL		<del></del>					ADDITIONS/CHANGES TO SIT TO				
STIVERS, JAME   STIVERS, JAME   STIVERS, JUDY A.   STREET ADDRESS   1.3 STREET ADDRESS   1.4 C(TY-ST-ZIP									. ,		
CITY-ST-ZIP	1	*									
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NAME   SHIVER, JUDY A.	<del></del>					T-ZIP			nange	☐ Addition	
STREET ADDRESS  18630 NW CR 239  CITY-ST-ZIP  ALACHUA FL 32616  DELETE  3.1 TITLE  ST  SHIVERS, ROBERT  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  ALACHUA FL 32615  3.4 CITY-ST-ZIP  TITLE  D  MOORE, DEWAYNE  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  D  MOORE, DEWAYNE  2.3 STREET ADDRESS  4.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME		· · ·							•		
CITY-ST-ZIP		1				T ADDDESS					
TITLE	-			2.3	SINCE	ADDRESS					
NAME		LOUGH HEIGH SONTH		٠, ١	OTV 9	:T 71D i					
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TITLE D DELETE 4.1 TITLE Change Addition  NAME MOORE, DEWAYNE 4.2 NAME	NAME	ST SHIVERS, ROBERT		DELETE 3.1 3.2	TITLE			□c	hange	Additio	
NAME MOORE, DEWAYNE 4 2 NAME	NAME STREET ADDRI	ST SHIVERS, ROBERT 18630 NW CR 239		DELETE 3.1 3.2 3.3	TITLE NAME STREE	T ADDRESS		□c	nange	☐ Additio	
	NAME STREET ADDRI CITY-ST-ZIP	ST SHIVERS, ROBERT 18630 NW CR 239 ALACHUA FL 32615		DELETE 3.1 3.2 3.3 3.4	TITLE NAME STREET	T ADDRESS					
	NAME STREET ADDRI CITY-ST-ZIP TITLE	ST SHIVERS, ROBERT 18630 NW CR 239 ALACHUA FL 32615 D		DELETE 3.1 3.2 3.3 3.4 DELETE 4.1	TITLE NAME STREET CITY-S TITLE	T ADDRESS				Additio	

14. I heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0: (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 ham 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 open attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

HIGH SPRINGS FL 32655

MOORE, DEWAYNE

430 N.W. 2 AVENUE

HIGH SPRINGS FL

VI URE AND TYPED OR PRINTED NAME OF SIGNING OFFICE R OR DIRECTO

DELETE

☐ DELETE

4-25-99

(901) 462 270 L

☐ Change

Change

Addition

☐ Addition

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90190 003 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed