

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 # P94000015624 (7)

1. Corporation Name

SHAVERS AGRI-CONSULTING SERVICE, INC.



Principal Place of Business

Mailing Address

1619 NE 40TH PLACE
GAINESVILLE FL 32609

1619 NE 40TH PLACE
GAINESVILLE FL 32609

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAVER, AVANELLE
1619 NE 40TH PLACE
GAINESVILLE FL 32609

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
D
SHAVER, AVANELLE
1619 NE 40TH PLACE
GAINESVILLE FL 32609

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
3. TITLE ☐ DELETE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

4. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
5. TITLE ☐ DELETE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

6. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
7. TITLE ☐ DELETE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

8. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
9. TITLE ☐ DELETE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

10. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
11. TITLE ☐ DELETE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

12. TITLE ☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

904-371-9010

Daytime Phone #

CR2E034 (12/95)