## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

City & State

P94000021686 (8)

THE SHEFFLER GROUP, IN	C			
Principal Place of Business	Mailing Address			
109 CITRUS LAME PONTE VEDRA BEACH FL 32082	109 CITRUS LANE PONTE VEDRA BEACH FL 32082			
TOTAL VESTOR SERVICE SERVICE		3. Date Incorporated or Qualified 03/17/1994	3a. Date of Last Report 01/18/1995	
2. Principal Place of Business	2a. Mailing Address	4. FÊI Number 59-3231300	Applied For Not Applicat	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	

23 8. This corporation has liability for intangible tax under s 199.032. Country Ζıp Country ¥es □No  $Z_{\mathbb{P}}$ Florida Statutes 30 29 24 9. Name and Address of Current Registered Agent

SHEFFLER, RICHARD L JR. 109 CITRUS LANE PONTE VEDRA BEACH FL 32082

	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				

6. Election Campaign Financing

Trust Fund Contribution

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 Statute	a.	
SIGNATURE	gretime, typed or pairted here e of registers oraginal and the cappisation. (N	OTE: Registeren Agent agnatus, reduisch s	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND BITE OFFICERS
TITLE	PD DELETE	1 1 TITLE	Onlings resolve.
NAME	SHEFFLER, RICHARD L JR.	1.2 NAME	
STREET ADDRESS	109 CITRUS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY - ST - ZIP	Change Addition
TILE	STD	2 1 TITLE	Change Zadottan
NAME	SHEFFLER, ROBIN A	2.2 NAME	
STREET ADDRESS	109 CITRUS LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	2 4 CITY - \$1 - ZIP	☐ Change ☐ Addition
TITLE	DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
		3.4 CITY - ST - Z.P	T Addition
CITY-SI-ZIP TITLE	DELETE	4 1 TITLE	Change Addition
NAME		4.2 NAMS	
1 "		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CiTY ST-ZIP	
CitY-ST-ZiP TITLE	DELETE	5 1 THLE	Change Addition
1		5.2 NAMÉ	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CiTY - ST - ZIP	
CHTY - ST - ZIP		6 1 TiTLE	Change Addition
THILE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 C(1Y - ST - 7)P	

14. I do hereby certify that the information supplied with this faing 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 earth; 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:

AND TYPES OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

2-8-96 904-285-6539

Applied For Not Applicable

\$5.00 May Be

Added to Fees