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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042676 (4)

1. Corporation Name
SHAVER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

7611 LAKE OLA DR.
MOUNT DORA FL 32757
US

7611 LAKE OLA DR
MOUNT DORA FL 32757
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

59-3241113

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAVER, RONALD E
7611 LAKE OLA DRIVE
MOUNT DORA FL 32757

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

TITLE PD
NAME SHAVER, RONALD E
STREET ADDRESS 7611 LAKE OLA DRIVE
CITY-ST-ZIP MT. DORA FL ☐ DELETE

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DVP
NAME SHAVER, JAMES
STREET ADDRESS 7611 LAKE OLA DRIVE
CITY-ST-ZIP MT. DORA FL ☐ DELETE

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ~~SO~~
NAME SHAVER, SUSAN D
STREET ADDRESS 7611 LAKE OLA DRIVE
CITY-ST-ZIP MT. DORA FL ☐ DELETE

31 TITLE SECRETARY
32 NAME SHAVER, SUSAN D.
33 STREET ADDRESS 7611 LAKE OLA DR.
34 CITY-ST-ZIP MT. DORA, FL. 32757 ☒ Change ☐ Addition

TITLE TREASURER
NAME ELIZABETH L. SHAVER
STREET ADDRESS 7611 LAKE OLA DR.
CITY-ST-ZIP MT. DORA, FL. 32757 ☐ DELETE

41 TITLE TREASURER
42 NAME ELIZABETH L. SHAVER
43 STREET ADDRESS 7611 LAKE OLA DR
44 CITY-ST-ZIP MT. DORA, FL. 32757 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E034 (10/97)