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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000012909 (4)

HERRING AND SHIMMELL, INC.

Principal Place of Business Mailing Address

5515 15TH ST. 5515 15TH ST. BRADENTON FL 34203-5905

FILED Apr 18 1997 8:00am Secretary of State

3a. Date of Last Report

02/14/1996



3. Date Incorporated or Qualified

02/10/1995

				VEL IOI 1000	OE/ 17/ 1000	
— ·	I Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable	
21 Suite A	pt #, etc	26		0070004001		
22 Suite, A)	рі #. еіс	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Si	State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	stered Agent	
HF	erring, hugh r		81 Name	9		
1257 17TH ST. SARASOTA FL 34234				82 Street Address (P.O. Box Number is Not Acceptable)		
					85 Zip Code	
					FL	
				11. Pursua	ant to the provisions of Sections 607.05	02 and 607,1508, Florida Statut
agent	I am familiar with, and accept the obli	gations of, Section 607.0505, Fl	orida Statutes.	orporation's board of directors. I hereby accept	nio appointment as rafistered	
SIGNATUR	RE .					
12.	Signature Typed or printed name of registered at	gent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signatu	ire required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
TILE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME	HERRING, HUGH R	- Dereste	1.2 NAME			
STREET ADDRES			1.3 STREET ADDRESS	,	- · · {	
CITY-ST-7IP	SARASOTA FL 34234		1.4 CITY+ST+ZIP	' 		
10LE	D	DELETE	2.1 TITLE		Change Addition	
NAME	SHIMMELL, THOMAS N		2.2 NAME	1	·	
STREET ADDRES			2.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34202		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRES	ss		3.3 STREET ADDRESS	;		
CITY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRES	ss		4.3 STREET ADDRESS	s		
CHY-SI-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRES	ss		5.3 STREET ADDRESS	3		
C-TY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRES	ss		6.3 STREET ADDRESS	s		
C(TY - ST - ZIP			6.4 CITY - ST - ZIP			
14. I do he	ereby certify that the information suppli- ation indicated on this annual report or	ed with this filing does not quali supplemental appual report is t	ify for the exemption	stated in Section 119.07(3)(i), Florida Statutes nd that my signature shall have the same legal	I further certify that the effect as if made under path, that	
1	and an arelianted of the personnel	or the receiver or tructed among	voted to even to this	report as required by Chapter 607. Elevide St	states, and that our manner	