

FILE NOW. FILING FEE AFTER MAY 1ST IS \$559.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000031941**

1. Corporation Name

**SHAFFER WHOLESALE DISTRIBUTORS, INC.**

Principal Place of Business

**5415 W HOMOSASSA TR  
LECANTO FL 34461**

Mailing Address

**5415 W HOMOSASSA TR  
LECANTO FL 34461**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/20/1995**

4. FEI Number

**59-3316339**

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHAFFER, DEBORAH  
5415 W HOMOSASSA TR  
LECANTO FL 34461**

10. Name and Address of New Registered Agent

81 Name

**Shaffer, Douglas**

82 Street Address (P.O. Box Number is Not Acceptable)

**5415 W HOMOSASSA Trail**

83

84 City

**LECANTO**

FL

**34461**

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

*Douglas Shaffer*  
Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/18/99**

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**P  
SHAFFER, DEBORAH  
2435 WATSEEDGE DR.  
CRYSTAL WATER FL 34429**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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**Vice Pres.**
**Douglas Shaffer**
**2435 WATSEEDGE DR.**
**CRYSTAL RIVER, FL 34429**
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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, with all other like empowered.

**SIGNATURE: Deborah Shaffer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-99 352-621-3712**  
Date Daytime Phone #

CR2E034 (11/98)