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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000046590 (2)

1. Corporation Name

THOMAS A. SHAFFER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 200-S CLEARWATER FL 34620 US		Mailing Address 3001 EXECUTIVE DRIVE SUITE 200-S CLEARWATER FL 34620 US	
2. Principal Place of Business 21 4101 CENTRAL AVE. Suite, Apt. #, etc. 22 SUITE B City & State 23 ST. PETERSBURG, FL Zip 24 33713 Country 25 USA		2a. Mailing Address 26 4101 CENTRAL AVE Suite, Apt. #, etc. 27 SUITE B City & State 28 ST. PETERSBURG, FL Zip 29 33713 Country 30 USA	
9. Name and Address of Current Registered Agent SHAFFER, THOMAS A 183 114TH TERRACE N.E. ST PETERSBURG FL 34622		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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, to 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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE: [Signature] THOMAS A. SHAFFER 4-30-98 Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD SHAFFER, THOMAS A 183 114TH TERRACE, N.E. ST.PETE FL 33716 [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [ ] Change [ ] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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)