

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000079847 (6)

1. Corporation Name
SHREDCO, INC.

Principal Place of Business

2170 W. STATE ROAD 434, STE. 420
LONGWOOD FL 32779

Mailing Address

2170 W. STATE ROAD 434, STE. 420
LONGWOOD FL 32779-4883



3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3344659

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

1555 BAYWATER CT.

Suite, Apt. #, etc.

22. City & State

23. HEATHROW, FL

24. 32746

25. US

2a. Mailing Address

26. 1555 BAYWATER CT

Suite, Apt. #, etc.

27. City & State

28. HEATHROW, FL

29. 32746

30. US

9. Name and Address of Current Registered Agent

DOWD, J. STEVEN
2170 W. STATE ROAD 434, STE. 420
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81. Name: DOWD, J. STEVEN
82. Street Address (P.O. Box Number is Not Acceptable):
1555 BAYWATER CT
83. HEATHROW
84. City
85. FL 32746

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
officer 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 of officer or director of corporation or trustee empowered to execute this report)

(NOTE: Registered Agent signature required when re-stating)

DATE

3-6-97

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|------------------|----------------------------------|-------------------|--------------------------|
| CVPD | DOWD, STEVEN | 2170 W. STATE ROAD 434, STE. 420 | LONGWOOD FL 32779 | <input type="checkbox"/> |
| PD | ANDERON, MICHAEL | 2170 W. STATE ROAD 434, STE. 420 | LONGWOOD FL 32779 | <input type="checkbox"/> |
| STD | MOORE, LILIAN M | 2170 W. STATE ROAD 434, STE. 420 | LONGWOOD FL 32779 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change | Addition |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-6-97 865-7002

CR2E034 (9/96)