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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027755

DENNIS P. SHEPARD ENTERPRISES, INC.

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90012 033 ***150.00



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Principal Place	e of Business	Mailing Address				i imalimat tra sorso oru	II 80117 99111 DB311 DD1	10 (10)1 109((1009)	#11#1 #111 ##1
15036 BRIAR R	RIDGE CIRCLE	15036 BRIAR RIDGE CIRCLI FORT MYERS FL 33912	Ε.						
					1	DO NO	OT WRITE IN TH	IS SPACE	
,						 Date Incorporated or Q 03/25/1996 	Qualifed .		
2. Principal P	Place of Business	2a. Mailing Address	 			4. FEI Number		Ap	plied For
21		26				65-0652332		No	t Applicable
	#, etc.	Suite, Apt. #, etc.	ومعاضدها والمساوم			5. Certifcate of Status De	sired	\$8.75	1
22		27				J. Certificate of otatos bo		Fee Re	quired
City & Stat	te	City & State				Election Campaign FinanceTrust Fund Contribution	- 11	\$5.00 Added t	
Zip	Country	Zip	Counti	ry		8. This corporation owes	the current year I	ntangible	
24	25	29	30			Personal Property Tax.		Yes	₽No
!	9. Name and Address of Current	Registered Agent				10. Name and Address o	f New Registere	d Agent	
SHE	PARD, DENNIS P	Antis 1983	8						
1) 1503	36 BRIAR RIDGE CIRCLE	4. f.	8	2 Street	Address	s (P.O. Box Number is Not	Acceptable)	ويتعون المعاد وموديق	ga ta energyalen
FOR	RT MYERS FL 33912		8	3					***************************************
	•	•	8	4 City		<u> </u>	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statute	es, the about	ve-named	corpora	ation submits this statement s board of directors. I hereb	t for the purpose by accept the app	of changing its ointment as re	registered gistered
agent. I a	am familiar with, and accept the obligate	ons of, Section 607.0505, Flor	nda Statute	S.				* , 1	- :
agent. I a	am familiar with, and accept the obligation	and title if applicable. (NOTE:	: Registered Ag	S.		hen reinstating)	DATE	· , · , · ,	· ·
agent. I a	am familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS	: Registered Ag	ent signature r			DATE	AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	: Registered Ag	ent signature r		hen reinstating)	DATE	· , · , · ,	· ·
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CITY-ST-ZIP 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 in changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: