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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034657 (2)

SHAFER ENTERPRISES OF NORTHWEST FLORIDA, INC.

FILED Jan 16 1997 8:00am Secretary of State



Principal Place	e of Business	M	Mailing Address				e ibatibar ine imerit dieft abilt baier aufeit diebe eitel albeit diebe birit batt				
730 BAYSHORE DRIVE DESTIN FL 32541			730 BAYSHORE DRIVE DESTIN FL 32541-4072								
							3. Date Incorporated or Qualified 04/17/1996	3a. Da		ast Re	port
2. Principal P	ace of Business	2a.	Mailing Address			·····	4. FEI Number			Ap	plied For
21		26					593299266			No	t Applicab
Suite, Apt	#, etc	27	Suite Apt. #, etc.				5. Certificate of Status Desired				dditiona! quired
City & State			City & State				6. Election Campaign Financing		\$ 5	.00	May Be
3		28					Trust Fund Contribution				o Fees
Zip	Country	<u> </u>	Zip		ountry	11 .	8. This corporation has liability for			ders.	199.032,
:4	25 WALTON	29	***************************************	30	WA	LtoN		Yes 2	T		
	9. Name and Address of Curren	t Regis	tered Agent		81	Name	10. Name and Address of New R	egistered /	gent		
730	FER, JAMES M JR BAYSHORE DRIVE ITIN FL 32541				82 83		fress (P.O. Box Number is Not Accepta	FL	85	Zip (Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga-	of Flori ations o	da. Such change was f. Section 607.0505, F	s author Florida S	ized b Statute	y the corpora s.	poration submits this statement for the ation's board of directors. I hereby acce	ept the app	chang	ing its	registere registered
12.	Signatur Typicit or perfect name of register Lagu OFFICERS ANI				ered Ag 3.	ent signature requ	ured when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	DIREC	TOR	S IN 12
Title	PSTD		DELETE		: TOLE		ADDITIONAL AND	02/10/11/10	Cha	****	Additio
NAME	SHAFER, JAMES M JR				2 NAME					Ü	_
STREET ADDRESS	730 BAYSHORE DRIVE			4		T ADDRESS					
CHTY-S1-Zift	DESTIN FL 32541				4 CITY-1						
Tifi E	VD	,	DELETE		1 TATLE				Cha	inge	☐ Additi
NAME	SHAFER, MADELINE V			2.	2 NAME						
STREET ADDRESS	730 BAYSHORE DRIVE			2	3 STREE	T ADDRESS					
CITY-SI-ZIP	DESTIN FL 32541				4 CITY -						
TITLE			DELFTE.		1 TITLE				Cha	ange	Additi
NAME				3	2 NAME						
STREET ADDRESS				3	3 STREE	1 ADDRESS					
CITY-ST-ZIF				3	4 CITY-	ST-ZIP					
TITLE			☐ DELETE	4	1 TITLE				Ch	ลาดูย	Additi
NAME				4	2 NAME						
STREET ADDRESS				4	3 STREE	T ADDRESS					
CHY-ST-ZIP				4	4 CHY-	ST-ZIP					•
THILE			DELETE	5	1 TELE				☐ Ch	ange	Addit
NAME				5	2 NAME						
STREET ADDRESS				5	3 STREE	T ADDRESS					
C-TY - ST - ZIP					4 O(TY-)	- 1					
TILLE			DELETE		1 TATLE				☐ Ch	ange	Addit
NAME:				6	2 NAME)					
STREET ADDRESS				6	3 STREE	l' address					
C-TY - ST - ZIP					4 C/TY -						
oninal ZIF		ا داند اد	bile films and seven seek serve				ed in Section 110 07/24/) Florida Status	laa I filabaa	2 2 2 2 1 6		

I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 7. Shafar, Jr.