

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000056604 (7)**

1. Corporation Name
SHEPHERD'S WORLDS, INC.



Principal Place of Business 10681 AIRPORT BLVD 21 NAPLES FL 34109 US	Mailing Address C/O JOHN F HOOLEY 4532 TAMiami TRAIL EAST STE 401 NAPLES FL 34112
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DO NOT WRITE IN THIS SPACE

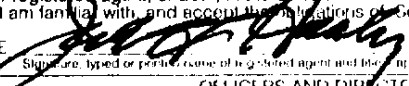
2. Principal Place of Business 21 10681 Airport Road N Suite, Apt. #, etc. 22 Suite 21 City & State 23 NAPLES, FL Zip 24 34109 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 07/05/1996	Applied For Not Applicable
4. FEI Number 65-0677404	
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent HOOLEY, JOHN F 4532 TAMiami TRAIL EAST STE 401 NAPLES FL 34112	
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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

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 implications of, Section 607.0505, Florida Statutes.

SIGNATURE  **JOHN F. HOOLEY** DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D SHEPHERD, MARK
STREET ADDRESS	10681 AIRPORT ROAD, #21
CITY-ST-ZIP	NAPLES FL 34109
TITLE	☐ DELETE
NAME	D HOOLEY, JOHN F
STREET ADDRESS	4532 TAMiami TRAIL EAST STE 401
CITY-ST-ZIP	NAPLES FL 34112
TITLE	☐ DELETE
NAME	D SHEPHERD, AARON N
STREET ADDRESS	5388 3RD AVE, NW
CITY-ST-ZIP	NAPLES FL 34119
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(l), 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:  **Aaron Shepherd** 2/3/98 941-513-2232

CF2E034 (10/97)