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FILED
May 09 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 # P96000103165 (2)

1. Corporation Name
SHEPPARD & CARTER INC.



Principal Place of Business
4673 S.W. ROLFE ST.
PORT ST LUCIE FL 34953

Mailing Address
4673 S.W. ROLFE ST.
PORT ST LUCIE FL 34953-8525

2. Principal Place of Business
21 same as above
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 same as above
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
12/24/1996

3a. Date of Last Report
Applied For
Not Applicable

4. FEI Number
65-070 6629

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

9. Name and Address of Current Registered Agent

MCCARTHY, EILEEN L
4673 S.W. ROLFE ST.
PORT ST LUCIE FL 34953

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, 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, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1. President
Eileen L. McCarthy
4673 SW Rolfe St
Port St Lucie, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. Vice President
Stewart E. Sheppard
4673 SW Rolfe St
Port St Lucie, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. ☐ 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
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Eileen L. McCarthy

April 25 1997 561-336-4727

CR2E034 (9/96)