

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S15497** (8)

1. Corporation Name
S.H.B. & ASSOCIATES, INC.



Principal Place of Business

**118 INDIES DRIVE SOUTH
DUCK KEY FL 33050**

Mailing Address

**118 INDIES DRIVE SOUTH
DUCK KEY FL 33050**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/30/1990

3a. Date of Last Report
01/17/1995

4. FEI Number
43-1214768

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

10. Name and Address of New Registered Agent

**BAYER, SUSAN A.
118 INDIES DRIVE SOUTH
DUCK KEY FL 33050**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

12. OFFICERS AND DIRECTORS

1. PD
NAME
BAYER, SUSAN A.
Street Address
118 INDIES DRIVE SOUTH
City, State, Zip
DUCK KEY FL
2. STD
NAME
BAYER, G. EDWARD
Street Address
118 INDIES DRIVE SOUTH
City, State, Zip
DUCK KEY FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY, ST, ZIP
5. 5. TITLE ☐ Change ☐ Addition
6. 6. NAME
7. 7. STREET ADDRESS
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99. 99. STREET ADDRESS
100. 100. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Susan A. Bayer, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 305-743-3591
Date Digitized Phone #

CR2E034 (12/95)