

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)**

**APPROVED  
AND  
FILED**

95 JUL -5 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # S33281 (4)**

1. Corporation Name  
**SHEP'S MARKETING, INC.**

Principal Place of Business: **POST OFFICE BOX 13260 CLEARWATER FL 34621**  
Mailing Address: **POST OFFICE BOX 13260 CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/21/1991</b>	3a. Date of Last Report <b>07/08/1994</b>
4. FEI Number <b>59-3068957</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. Does corporation file liability for citizenship tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. County	30. County

9. Name and Address of Current Registered Agent

**WENDT, ROBERT J  
5034 LAKE VALENCIA BLVD. EAST  
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

01. Name  
02. Street Address (P.O. Box Number is Not Acceptable)  
03.  
04. City **FL** 05. Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Officer/Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. TITLE NAME 02. STREET ADDRESS CITY & STATE 03. ZIP	<b>P WENDT, ROBERT J 5034 LAKE VALENCIA BLVD. EAST PALM HARBOR FL 34684</b>	01. TITLE 02. NAME 03. STREET ADDRESS CITY & STATE 04. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01. TITLE NAME 02. STREET ADDRESS CITY & STATE 03. ZIP	<b>ST WENDT, JEAN 5034 LAKE VALENCIA BLVD. EAST PALM HARBOR FL 04684</b>	01. TITLE 02. NAME 03. STREET ADDRESS CITY & STATE 04. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01. TITLE NAME 02. STREET ADDRESS CITY & STATE 03. ZIP		01. TITLE 02. NAME 03. STREET ADDRESS CITY & STATE 04. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01. TITLE NAME 02. STREET ADDRESS CITY & STATE 03. ZIP		01. TITLE 02. NAME 03. STREET ADDRESS CITY & STATE 04. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01. TITLE NAME 02. STREET ADDRESS CITY & STATE 03. ZIP		01. TITLE 02. NAME 03. STREET ADDRESS CITY & STATE 04. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.071(1)(b), Florida Statutes. I further certify that the information disclosed on this annual report or supplemental annual report is true and accurate and that my signature and name on this report have the same legal effect as if my signature were that of an officer or director of the corporation or the registered agent employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or new additions with addresses.

SIGNATURE: *Jean Wendt* *Robert J. Wendt* 6/19/95 (513) 787-8984

CR2E034 (3/95)