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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)

ALLEN SHEPPARD CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

4612 S. LOCKWOOD RIDGE RD.

4612 S. LOCKWOOD RIDGE RD.

**FILED** Apr 23 1998 8:00am Secretary of State



SARASOTA FL 34236 US				SARASOTA FL 34236 US				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
			·								
								07/11/1991			
2. Principal Place of Business 2a. Mailing Ac					ddress			4. FEI Number		Ar	oplied For
21 4-GIZ B. LOCKWOOD RIGHE RD				26 4612 S. LOCKWOOD RIDGE RD				65-0237506		No	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27				5. Certificate of Status Desired		•	Additional equired
City & State			1=1	City & State				6. Election Campaign Financing		\$5.00	May Be
SARASOTA FL			28	SARABOTA, FL			Trust Fund Contribution			to Fees	
Zip			_	Zip		Country		8. This corporation owes or has	paid the curr	rent year Inf	langible
24 342	3/	25 SAMISOTA	29	34231	30 54	RASO	719	Personal Property Tax due Ju			] No
	9, Name	and Address of Curren						10. Name and Address of New	Registered /	<b>lgent</b>	
VA	UGHAN, B	YRON				<b>61</b> Nan	^e <b>⊿</b>	EN P. SHEPPARD			)
1800 SECOND ST. SUITE 919						R2 Stre	et Addres	ss (P.Q. Box Number is Not Accep	table)		
SARASOTA FL 34236								OUTH LOCKWOOD RI		<b></b> D.	
011100111 E 01200				83							
	•					0.0		4			
						84 City		ASOTA	FL		Code
11. Pursuant	to the provis	sions of Sections 607.050	2 and 6	07.1508, Florida Sta	tutos, the a	nove-nam	ed corno	ration submits this statement for th	e purpose of	changing it	is registered
office or r	egistered au	gent, or both, in the State ith, and accept the obliga	of Florid	da Such change wa	as authorize	d by the c	orporatio	n's board of directors. I hereby ac	cept the appr	ointment <b>a</b> s	registered
•	4			<b>▲</b>		1111	L		144		1000
SIGNATURE	Signature types	V P. SHEPPAR or printed name of registered agri	nt and tillu	PRESIDENT		l Agent signa	ture required	when reinstating)	DATE	6 16,	14.78_
12,		OFFICERS AND			13.		-	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	1S IN 12
TITLE	PDST			☐ DELETE	1.1 T	TLE				Change	☐ Addition
NAME		ARD, ALLEN P.			1.2 N	ME					
STREET ADDRESS		LOCKWOOD RIDGE R	D		1.3 \$1	REET ADDRES	is		•		
CITY-ST-ZIP	SARAS		-		1	TY-ST-ZIP					1
TITLE				DELETE	2.1 Ti					Change	Addition
NAME					2.2 N	ME					
STREET ADDRESS					2.3 \$	REET ADDRES	is l				
CITY-ST-ZIP					240	ITY-ST-ZIP					)
TITLE				DELETE	3.1 TI		+-			Change	Addition
NAME					3.2 N	AME	ı				ŀ
STREET ADDRESS					3351	REET ADDRES	s l				
CITY-ST-ZIP					ı	ITY - ST- ZIP	~				
TITLE	-			DELETE	4.1 TI					Change	Addition
NAME				_	4. 2 N					•	
STREET ADDRESS						REET ADDRES	<sub>is</sub>				
CITY-ST-ZIP						TY-ST-ZIP					
TITLE				DELETE	5.1 Ti					Change	Addition
NAME					5.2 N					_ ,	
	Ì					reet addres	, l				
STREET ADORESS					1		~				
CITY-ST-ZIP TITLE				DELETE	6.1 Ti	TY-ST-ZIP	+			Change	Addition
				- Dettel	6.2 N					4.m.84	
NAME					-		<u>,</u>				
STREET ADDRESS						REET ADDRES	»				
CITY-ST-ZIP	partifue shoe si	no information supplied	th thin 4	ilina door not avalle		TY-ST-ZIP	ated in S	ection 119.07(3)(i), Florida Statutes	e I further co	rtifu that the	information
Indicated	on this annu	ual report or supplementa	il annua	l report is true and a	accurate an	d that my	signature	shall have the same legal effect a	s if made uni	der oath; th	at I am an
officer or Block 12	director of the or Block 13	he corporation or the rece if changed, or on an attac	eiver or chment	trustee empowered with an address.	to execute	his report	as requir	red by Chapter 607, Florida Statute	s; and that n	ny name ap	pears in