

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 264906 (9)**

1. Corporation Name  
**SHAW TRUCKING INC.**

Principal Place of Business <b>3061 NORTHWEST 17 TERRACE                  FT LAUDERDALE FL 33311</b>	Mailing Address <b>P.O. BOX 8217                  FT LAUDERDALE FL 33310-8217                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/30/1962</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0996205</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JOSIAS, STEVEN L., ESQUIRE                  3040 E. COMMERCIAL BLVD.                  FT LAUDERDALE FL 33308</b>				10. Name and Address of New Registered Agent	
				81	Name <b>JAMES L. SHAW</b>
				82	Street Address (P.O. Box Number is Not Acceptable) <b>3061 NW 17TH TERRACE</b>
				83	
				84	City <b>FT LAUDERDALE</b>
				85	Zip Code <b>FL 33311</b>

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: *James L. Shaw* **JAMES L. SHAW** DATE: **3/19/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD SHAW, JAMES L</b>	1.2 NAME	
STREET ADDRESS	<b>6711 E. CYPRESS HEAD DR.</b>	1.3 STREET ADDRESS	<b>3061 NW 17TH TERRACE</b>
CITY-ST-ZIP	<b>PARKLAND FL</b>	1.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S SHAW, CHRISTY</b>	2.2 NAME	
STREET ADDRESS	<b>6711 E. CYPRESS HEAD DR.</b>	2.3 STREET ADDRESS	<b>539 NW 47TH AVENUE</b>
CITY-ST-ZIP	<b>PARKLAND FL</b>	2.4 CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: *James L. Shaw* **JAMES L. SHAW** DATE: **3/19/98** **95A-731-6330**

CR2E034 (10/97)