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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:05

CORPORATION ANNUAL REPORT **1995**



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

DOCUMENT # 358183 (2)

1. Corporation Name
ROBERT L. SHAW A.I.A., ARCHITECT, INC.

Principal Place of Business Mailing Address

**40 S. PINEAPPLE AVE.
 SUITE 204A
 SARASOTA FL 34236-3072
 US**

**40 S. PINEAPPLE AVE.
 SUITE 204A
 SARASOTA FL 34236
 US**

2. Principal Place of Business 2a. Mailing Address

21 2813 PROCTOR ROAD **26 P.O. BOX 4185**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 C/O TRAVEL PLANNERS **27**
 City & State City & State

23 SARASOTA, FL **28 BOULDER, COLORADO**
 Zip Zip Country Country

24 34231 **25 U.S.** **29 80306** **30 U.S.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/02/1970 **02/28/1994**

4. FEI Number Applied For
59-1291965 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

9. Name and Address of Current Registered Agent

ROBERT L. SHAW
SOUTH PINEAPPLE AVE
SUITE 204A
SARASOTA FL 34236

2813 PROCTOR ROAD
C/O TRAVEL PLANNERS
SARASOTA, FL 34231

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: *Robert L. Shaw (PRES)* DATE: **2/8/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAW, ROBERT L
STREET ADDRESS	40 SOUTH PINEAPPLE AVE 204A
CITY - ST - ZIP	SARASOTA FL
TITLE	S
NAME	JETTON, J J
STREET ADDRESS	3112 S. GATE CIR.
CITY - ST - ZIP	SARASOTA FL
TITLE	T
NAME	SHAW, ROBERT L.
STREET ADDRESS	70 S. PALM AVE #218
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	GREMLER, ERWIN
STREET ADDRESS	1099 NORTH RIVER RD
CITY - ST - ZIP	LABELLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2813 PROCTOR ROAD
14 CITY - ST - ZIP	C/O TRAVEL PLANNERS, SARASOTA, FL
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2813 PROCTOR ROAD
34 CITY - ST - ZIP	C/O TRAVEL PLANNERS, SARASOTA, FL
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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. 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 on Block 12 or 13, as applicable, of this report, or on an attachment with an address.

SIGNATURE: *Robert L. Shaw (pres)* DATE: **1/14/95** TELEPHONE: **302-443-1690**

ROBERT L. SHAW