

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90018 020 ***150.00

DOCUMENT # 384912

1. Corporation Name

PASCHAL AND SHAW SUPPLY, INC.



Principal Place of Business

1308 KINGS ROAD
JACKSONVILLE FL 32209

Mailing Address

1308 KINGS ROAD
JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1971

4. FEI Number

59-1358080

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHAW, ROBERT C
1308 KINGS RD
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

Keith C. Shaw

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

1948 Coulee Ave

83

84 City

JACKSONVILLE

FL

85 Zip Code

32210

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 Keith C. Shaw
Signature, typed or printed name of registered agent and title if applicable.

Keith C. Shaw
(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME PASCHAL, ELMO E
STREET ADDRESS 3506 GILMORE ST
CITY-ST-ZIP JACKSONVILLE, FL 00000

☒ DELETE

TITLE D
NAME SHAW, PATRICIA M
STREET ADDRESS 2664 LAKESHORE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 00000

☒ DELETE

TITLE PD
NAME SHAW, ROBERT C
STREET ADDRESS 2664 LAKESHORE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ANNAN, L. Shaw
1.3 STREET ADDRESS 7244 Hyde Grove Ave
1.4 CITY-ST-ZIP JAX, FLA 32210

☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME DONALD E. Paschal
2.3 STREET ADDRESS 1676 Canterbury St
2.4 CITY-ST-ZIP JAX, FLA. 32205

☒ Change ☐ Addition

3.1 TITLE PD
3.2 NAME Keith C. Shaw
3.3 STREET ADDRESS 1948 Coulee Ave
3.4 CITY-ST-ZIP JAX, FLA. 32210

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Keith C. Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-99 904-354-1945

CR2F034 (11/98)