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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 576599

(5)

SHAW JOHNSON REALTY, INC.

FILED
Sep 09 1998 8:00am
Secretary of State

Principal Plac	e of Business	Ma	ailing Address					81821 81811 B1811 1881
510 BLACKBURN POINT RAOD P O BOX 1097		510 BLACKBURN POINT RAOD P O BOX 1097				DO NOT WRITE IN THE COM		
OSPREY FL 34229 OSPREY FL 34229						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	Jt	
							06/22/1978	
2. Principal P	face of Business	2a.	Mailing Address				4. FEI Number	Applied For
21		26	ŭ				59-1896174	Not Applicable
Suite, Apt. #, etc.		7 - 1	Suite, Apt. #, etc.					8.75 Additional
22		27	7				5. Certificate of Status Desired	Fee Required
City & State			City & State				6. Election Campaign Financing	5.00 May Be
23		28					Trust Fund Contribution	Added to Fees
Zip	Country	-	Zip	Country			8. This corporation owes or has paid the current	year Intangible
24	25	29		30			Personal Property Tax due June 30. 🔲 Ye	
<u></u>	9. Name and Address of Current	Regist	tered Agent	81			10. Name and Address of New Registered Ager	nt
JOHNSON, LLOYD					Name	Joh	nson, Lloyd	
435 NORTH CASEY KEY ROAD				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	
OSPREY FL 34229						235	Woodland Brive	
				83				
				84	City		85	Zip Code
44 0	the state of the s	1 67	27 1500 E			Osp	rev FL	134229
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 Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstalling) DATE								
12.	Signature, typed or printed name of registered agent OFFICERS AND			E: Registered Ago	ni signature	required	when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIR	EOTODO IN AD
TITLE	PD	Diffic	DELETE	1.1 TITLE				Change
NAME	SHAW, WILLIAM F		/	1.2 NAME			В.	Shange L Addition
STREET ADDRESS	435 N CASEY KEY RD			1.3 STREET	4DODECC		•	
CITY-ST-ZIP	OSPREY, FL 00000			1.4 CITY - ST				•
TITLE	P		DELETE	2.1 TITLE	1 - ZIP			Change
NAME	JOHNSON, LLOYD			2.2 NAME			L	Situation
STREET ADDRESS	435 N. CASEY KEY ROAD			2.3 STREET	ANNAFES			
CITY-ST-ZIP	OSPREY FL			2 4 CITY-S				
TITLE			DELETE	31 TITLE			770	Change
NAME				3 2 NAME	ľ			
STREET ADDRESS				3 3 STREET	address			
CITY-ST-ZIP				3.4. CITY - S				
TITLE			☐ DELETE	4.1 TITLE				Change
NAME				4. 2 NAMÉ				
STREET ADDRESS				4.3 STREE1	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S1				
TITLE			DELETE	5.1 TITLE				Change Addition
NAME				5.2 NAME			-	
STHEET ADDRESS				5 3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 City-St	- 1			
TITLE			☐ DELETE	6.1 1071.6				Change Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET /	ADDRESS			,
CITY-ST-ZIP				6.4 CITY-ST	- 1			
44 Iborobuso	- 41f - 41 - 4 (1 - 1 f 1 f 1 f	Aluta Att						

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, on on an attachment with an address.

0-1-00

Out Dec 3 201