NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:11

DOCUMENT # **847278** **(9)**

1. Corporation Name
SHAW AERO DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
4227 PROGRESS AVE NAPLES FL 33942	P.O. BOX 8657 NAPLES FL 33941-8657

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/21/1980**
3a. Date of Last Report: **09/08/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **11-2062656** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WESTERMAN, F. GRANT
4227 PROGRESS AVE.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	D ☐ Change ☒ Addition
NAME	SHAW, JAMES	1.2 NAME	Saul Jupiter
STREET ADDRESS	131 CYPRESS VIEW DR	1.3 STREET ADDRESS	14 Woodlands, Yonahlossee Resort
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Blowing Rock, NC 28605
TITLE	ST	2.1 TITLE	D ☐ Change ☒ Addition
NAME	SHAW, FRANCIA	2.2 NAME	John A. Bosch
STREET ADDRESS	131 CYPRESS VIEW DR	2.3 STREET ADDRESS	524 Pauley Woods Circle
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Kettering, OH 45429
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	WESTERMAN, F. GRANT	3.2 NAME	
STREET ADDRESS	8200 TWELVE OAKS CIR #411	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GUERRERO, RAYMOND	4.2 NAME	
STREET ADDRESS	2852 VANDERHOFF DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. COVINA CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MUSHRUSH, ROY	5.2 NAME	
STREET ADDRESS	73-1325 AWAKEA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	KAILUA-KONA HI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DOWNES, DENNIS	6.2 NAME	
STREET ADDRESS	92 MADISON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAG HARBOR NY	6.4 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 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: _____ Apr. 13 (813) 643310
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
F. Grant Westerman, Exec. V. Pres & Gen. Mgr

0446007 PP