FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/21/1980**
3a. Date of Last Report: **04/11/1995**

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

8. 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 filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	11 TITLE	V	☒ Change ☐ Addition
NAME	SHAW, JAMES		12 NAME	WESTERMAN, F. GRANT	
STREET ADDRESS	131 CYPRESS VIEW DR		13 STREET ADDRESS	91 CYPRESS VIEW DRIVE	
CITY-ST-ZIP	NAPLES FL		14 CITY-ST-ZIP	NAPLES FL 33962	
TITLE	ST	☐ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	SHAW, FRANCIA		22 NAME	BOSCH, JOHN A.	
STREET ADDRESS	131 CYPRESS VIEW DR		23 STREET ADDRESS	524 PAULEY WOODS CIRCLE	
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP	KETTERING OH 45429-1871	
TITLE	V	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	WESTERMAN, F. GRANT		32 NAME	JUPITER, SAUL R	
STREET ADDRESS	8200 TWELVE OAKS CIR #411		33 STREET ADDRESS	PO BOX 690 YONAHLOSSEE RESORT	
CITY-ST-ZIP	NAPLES FL		34 CITY-ST-ZIP	BLOWING ROCK, NC 2860-0690	
TITLE	D	☐ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	GUERRERO, RAYMOND		42 NAME	CASTLE, VERNON L.	
STREET ADDRESS	2852 VANDERHOFF DR.		43 STREET ADDRESS	2320A 103 AVENUE N.E.	
CITY-ST-ZIP	W. COVINA CA		44 CITY-ST-ZIP	BELLEVUE, WA 98004	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MUSHRUSH, ROY		52 NAME		
STREET ADDRESS	73-1325 AWAKEA ST		53 STREET ADDRESS		
CITY-ST-ZIP	KAILUA-KONA HI		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DOWNES, DENNIS		62 NAME		
STREET ADDRESS	92 MADISON ST		63 STREET ADDRESS		
CITY-ST-ZIP	SAG HARBOR NY		64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ Executive Vice President and General Manager 4/29/96 (941)643-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F. Grant Westerman