

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90021 018 ***550.00

DOCUMENT # 847278

1. Corporation Name

SHAW AERO DEVELOPMENT, INC.

Principal Place of Business

**4227 PROGRESS AVENUE
NAPLES FL 34104**

Mailing Address

**4227 PROGRESS AVENUE
NAPLES FL 34104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1980

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 owes the current year
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

Shaw Aero Development, Inc.
Suite, Apt. #, etc.

4227 Progress Avenue

City & State

Naples, Florida

Zip

34104

Country

USA

2a. Mailing Address

Shaw Aero Development, Inc.
Suite, Apt. #, etc.

4227 Progress Avenue

City & State

Naples, Florida

Zip

34104

Country

USA

9. Name and Address of Current Registered Agent

**WESTERMAN, F. GRANT
4227 PROGRESS AVE.
NAPLES FL 34104**

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

1. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**CP
SHAW, JAMES
131 CYPRESS VIEW DR
NAPLES FL**

1.2 TITLE ☐ DELETE

**ST
SHAW, FRANCIA
131 CYPRESS VIEW DR
NAPLES FL**

1.3 TITLE ☐ DELETE

**V
WESTERMAN, F. G
91 CYPRESS VIEW DRIVE
NAPLES FL**

1.4 TITLE ☐ DELETE

**D
GUERRERO, RAYMOND
2852 VANDERHOFF DR.
W. COVINA CA**

1.5 TITLE ☐ DELETE

**D
MUSHRUSH, ROY
73-1325 AWAKEA ST
KAILUA-KONA HI**

1.6 TITLE ☐ DELETE

**D
CASTLE, VERNON
2320-A 103RD AVENUE
BELLEVUE WA 98004**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**D
John A. Bosch
524 Pauley Woods Circle
Kettering, OH 45429-1871**

2.1 TITLE ☐ Change ☒ Addition

**D
Saul R. Jupiter
P. O. Box 690, Yonahlossee Resort
Blowing Rock, NC 28605-0690**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I, 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grant Westerman

6/30/99

941-643-3310

Date

Daytime Phone #

CR2E034 (5/99)

0089577