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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001738 (3)

RICHARD SHAW COMPANY

Principal	Place of	Business
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FILED May 02 1997 8:00am Secretary of State



Principal Place	Nailing Address					TIPESCHE (IIT IOIS PIESI GESTI EETIN	*****		(UP) (BT) (BT)	
1935 SOUTH C SPRINGFIELD N		1935 SOUTH CAMPBELL SPRINGFIELD MO 65898-0001								
					3. Date Incorporated or Qualified 04/06/1994	ed 3a. Date of Last Report 05/01/1996				
	lace of Business	2a. Mailing	g Address			4. FEI Number	1		Applied For	
21		26				43-1558989			Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	Ө	City &	State			6. Election Campaign Financing		\$5.0	May Be	
23		28	28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip		Oountry	,	8. This corporation has liability for i	ntangible t	ax unde	r s. 199.032,	
24	25	29		30				No		
	9. Name and Address of Curren	t Registered A	gent		г—	10. Name and Address of New Re	gistered A	gent		
2975	RITTON, LAWRENCE E 5 OVERSEAS HIGHWAY NATHON FL 33050			81 82 83		dress (P.O. Box Number is Not Acceptab	le)			
!				84	City			85 Z	ip Code	
				<u>_</u>			FL_			
11. Pursuant	to the provisions of Sections 607,050. registered agent, or both, in the State	2 and 607,1508 of Florida, Suc	B, Florida Statute h change was a	es, the above authorized by	e-named coreo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of o	changing	g its registered as registered	
agent la	im familiar with, and accept the obliga	ations of, Section	on 607.0505, Fic	rida Statute	S.	and the second of the second o	· · · · · · · · · · · · · · · · · · ·		are regional out	
SIGNATURE										
12.	Signature, typed or printed name of registered age OFFICERS ANI		sle. (NOTI	L: Registereo Age	int signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDD AND I	DIDECT	ODC IN 10	
TITLE	CDP	D DINE GTONS	DELETE	1,1 TITLE		VP OF FINANCE		Chang		
NAME	MORRIS, JOHN L		Em proces	1,2 NAME		MILLER, TONI	L		o Manie	
STREET ADDRESS	1935 SOUTH CAMPBELL			1,3 STREET	ADDRESS	6040 SOUTH ROANOKE				
	SPRINGFIELD MO 65898			1,4 CITY - S	1					
CITY-ST-ZIP TITLE	V		DELETE	2.1 TIBLE	11.516	SPRINGFIELD, MO 65810	,	Chang	e Addition	
NAME	HENRY, MARILYN SUE		<u></u>	2.2 NAME			L		7,0000	
STREET ADDRESS	1935 SOUTH CAMPBELL			2.3 STREET	ADDRESS					
	SPRINGFIELD MO 65898									
CITY-ST-ZIP TITLE	AS		DELETE	2. # CITY- 3.1 TITLE	S1 - ZIP			Chang	e Addition	
NAME	HODGES, JENNA		orrec	32 NAME			L		,	
STREET ADDRESS	1935 SOUTH CAMPBELL			3.3 STREET	ADINDECO					
CITY-ST-ZIP	SPRINGFIELD MO 65898			3,4. CITY-						
TITLE	S		DELETE	4,1 1/1LE	31.711.		,	Chang	e Addition	
NAME	GREENE, JOE C			4. 2 NAME		•	•	D	1100111011	
STREET ADDRESS	1340 EAST WOODHURST			4.3 STREET	ADDRESS					
CITY-ST-ZIP	SPRINGFIELD MO			4,4 C(1) Y - 5						
TITLE	OF THE OF ILLES INC		DELETE	5.1 TITLE	11-211			Chang	e Addition	
NAME				5.2 NAME	-					
STREET ADDRESS				5.3 STREET	VALUE CC					
CITY-ST-ZIP				5.4 CITY - S						
TITLE	<u> </u>		DELETE	6.1 THLE	01-2lF			Chang	e Addition	
NAME				6.2 NAME	-			V \b		
STREET ADDRESS				6.3 STREET	Annaree					
					1					
CITY-ST-ZIP	1			64 CITY-5	ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; 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.

CHARACER OF CHARLES