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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001738 (3)

Corporation Name

Richard Shaw Company

Principal Place of Business
2500 E Kearney
Springfield, MO 66898

Mailing Address

2500 E. Kearney Springfield, MD 65898

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

04-08-1999 90087 006 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					4/6/94			
2. Principal Pi	lace of Business	2a, Mailing Address	-		4. FEI Number	Apr	olied For	
21	26				43-1558989	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A		
22		27			5. Certificate of Status Desired	Fee Rec	quired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23 28				صدح حبح	Trust Fund Contribution		Fees	
Zîp	Country	Zip	Country		8. This corporation owes the current year			
24	25 29 30				Personal Property Tax.			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
Albritton, Lawrence E. 2975 Overseas Highway				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				OLEGE Addition (F.O. DOX Nullipol in Not recopitatio)				
				83				
M	arathon, FL 33050		ļ <u>.</u>	City		. 85 Zip C	ode.	
1	, · -		84	City	· F	85 Zip C	-Vue	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corpo	oration submits this statement for the purpose	of changing its	registered	
l office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	iorized by	the corporation	on's board of directors. I hereby accept the ap	pointment as reg	istered	
agent. i a	m tamiliar with, and accept the obligation	ons of, Section 607.0303, Florida	a Otalutes	-				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature required	d when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	Miller, Toni		1.2 NAME				i	
STREET ADDRESS	6040 S. Roanoke		1.3 STREE	TADDRESS				
CITY-ST-ZIP	Springfield, MO 65	810	1.4 CITY-S	T-7IP				
TITLE	100	☐ DELETE	2.1 TITLE	· 		Change	Addition	
NAME	Hann Manilya Cue		2.2 NAME					
	Henry, Marilyn Sue 2500 E. Kearney			TADORESS				
STREET ADDRESS	2300 E. Kearing	'00 O	2.4 CITY-5					
CITY-ST-ZIP	Springfield, MO 65	□ DELETE	3.1 TITLE	51-ZIP		Change	Addition	
TITLE	HS		3.1 III.C 1-3.2 NAME≏				مرسع جمعو	
NAME	Hodges Jenna					_ -		
STREET ADDRESS	2500 E. Kearney	Faan	B.	T ADDRESS				
CITY-ST-ZIP	Springtiela, MO 6	5848 □ DELETE	3.4. CITY-5 4,1 TITLE	51-ZIP		[] Change	Addition	
TITLE	5		1			C) 21,001,32		
NAME	Greene, Joe C 1340 E. Woodhurst		4. 2 NAME					
STREET ADDRESS	1340 E. Woodhurst			TADORESS				
CITY-ST-ZIP	Springfield, mo		4.4 CITY-ST-ZiP			[☐ Change	Addition	
TITLE	, J	☐ DELETE	5.1 TITLE 5.2 NAME			C Change	[_] ((damo))	
NAME		,	ł	E ADDRESS				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			C Addition	
nne	}	☐ DELETE	6.1 TITLE	}		Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				

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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

John Miller

Toni M. Miller

4/1/99

417-873-5530

34.(11/98)