

8-19-97 B 8201 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H59166 (9)
1. Corporation Name
SWAIN 'N SHAW REAL ESTATE AND DEVELOPMENT, INC.



Principal Place of Business 608 N. PARSONS AVE. P.O. BOX 1692 BRANDON FL 33510-3607	Mailing Address 608 N. PARSONS AVE. P.O. BOX 1692 BRANDON FL 33510-3607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8802 Wood Creek Cir Suite, Apt. #, etc. 22 City & State 23 Riverview, Fl. Zip 24 33569-5233		2a. Mailing Address 26 8802 Wood Creek Cir Suite, Apt. #, etc. 27 City & State 28 Riverview, Fl. Zip 29 33569-5233 Country 30 Hillsborough		3. Date Incorporated or Qualified 06/01/1985		3a. Date of Last Report 02/20/1996	
				4. FEI Number 59-2536568		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SHAW, SCOTT L. 608 N. PARSONS AVE. BRANDON FL 33511				10. Name and Address of New Registered Agent 81 Name Shaw, Scott L. 82 Street Address (P.O. Box Number is Not Acceptable) 8802 Wood Creek Cir 83 84 City Riverview, fl. FL 85 Zip Code 33569-5233			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, CHRISTINE S.			1.2 NAME	Shaw, Christine S.		
STREET ADDRESS	4703 JOHN MOORE ROAD			1.3 STREET ADDRESS	8802 Wood Creek Cir		
CITY-ST-ZIP	BRANDON FL			1.4 CITY-ST-ZIP	Riverview, fl. 33569-5233		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, SCOTT L.			2.2 NAME	Shaw, Scott L.		
STREET ADDRESS	4703 JOHN MOORE ROAD			2.3 STREET ADDRESS	8802 Wood Creek Cir		
CITY-ST-ZIP	BRANDON FL			2.4 CITY-ST-ZIP	Riverview, fl. 33569-5233		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-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), 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

SHAW, SCOTT L.

8-11-97

CR2E034 (4/97)