

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H94163 (3)

1. Corporation Name
ALAN R. SHAW, CHARTERED

Principal Place of Business
4019 78TH DR. E. ✓
P.O. BOX 246
SARASOTA FL 34230-7246
US

Mailing Address
4019 78TH DR. E. ✓
P.O. BOX 246
SARASOTA FL 34230-0246
US



2. Principal Place of Business

21 4019 78 DR E
Suite, Apt. #, etc.

22 PO BOX 581

23 Tallahassee FL

24 34270 25 USA

2a. Mailing Address

26 4019 78 DR E
Suite, Apt. #, etc.

27 PO BOX 581

28 Tallahassee FL

29 34270 30 USA

3. Date Incorporated or Qualified
01/01/1986

3a. Date of Last Report
04/27/1996

4. FEI Number
59-2748373

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

SHAW, ALAN R.
4019 78TH DR. E.
P.O. BOX 246
SARASOTA FL 34230

10. Name and Address of New Registered Agent

81 Name ALAN R SHAW
82 Street Address (P.O. Box Number is Not Acceptable)
4019 78TH DR E
83 PO BOX 581
84 City Tallahassee FL 85 Zip Code 34270

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

TITLE PST
NAME SHAW, ALAN R.
STREET ADDRESS 4019 78 DR. E., PO BOX 246 N/A
CITY - ST - ZIP SARASOTA FL 34230

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 34243

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN R. SHAW

Date 4-1-97

Daytime Phone # 9413557192

CR2E034 (9/96)