

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M54888** (6)
1. Corporation Name
SHAWNEE INVESTMENTS OF FLORIDA, INC.



Principal Place of Business
**LEVINE 1 STANLEY
1110 BRICKELL AVE 7TH FL.
MIAMI FL 33131
US**

Mailing Address
**SHAWNEE INVESTMENTS OF FLORIDA INC
PO BOX 67
SHAWNEE ON DELAWARE PA 18356
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1987

4. FEI Number

59-2826465

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LEVINE, I STANLEY
1110 BRICKELL AVE
7 TH FLOOR
MIAMI FL 33131**

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

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 | DP | <input type="checkbox"/> DELETE |
| NAME | KIRKWOOD, CHARLES W. | |
| STREET ADDRESS | ONE WORTHINGTON ST. | |
| CITY-ST-ZIP | SHAWNEE-ON DELAWARE, P | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KIRKWOOD, VIRGINIA P. | |
| STREET ADDRESS | ONE WORTHINGTON ST. | |
| CITY-ST-ZIP | SHAWNEE-ON DELAWARE, P | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | PETERS, LEONA H | |
| STREET ADDRESS | ONE RIVER ROAD | |
| CITY-ST-ZIP | SHAWNEE ON DELAWARE PA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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-07/24/98--01097--046
*****150.00**

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.

SIGNATURE: *Charles W. Kirkwood* Charles W. Kirkwood

7/2/98

7171421-1513

CR2E034 (5/98)

PS2

Shawnee Investments of Florida, Inc.

POBox 67

Shawnee-on-Delaware, Pa. 18356

Tel: (717) 424-4000; Fax: (717) 421-8861

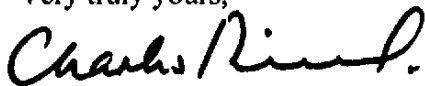
July 8, 1998

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

This is the first notice we have received concerning filing the annual report for Shawnee Investments of Florida, Inc. We have responded immediately to this notice and have enclosed a check for \$150 as the fee. Our records will show you that in the past we have always paid after receipt of the first notice. We believe it is unfair to demand that we pay \$550, when in fact, only \$150 is due after receipt of the first notice (and this is the first one we in fact received). Please apply the attached check of \$150 as full payment towards our account. If you have any questions, please do not hesitate to call me at (717) 424-4000 ext. 1448.

Very truly yours,



Charles W. Kirkwood
President