

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M92371

(7)

1. Corporation Name

SHAW SECURITIES, INC.

FILED
Mar 20, 1996 08:00 AM
Secretary of State



Principal Place of Business

4024 NORTH MERIDIAN RD.
TALLAHASSEE FL 32312

Mailing Address

4024 NORTH MERIDIAN RD.
TALLAHASSEE FL 32312

2. Principal Place of Business

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State, Apt. #, etc.

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City & State

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Zip Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

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City & State

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Zip Country

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9. Name and Address of Current Registered Agent

SHAW, FRANK, III
4024 NORTH MERIDIAN RD.
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3. Date Incorporated or Qualified
08/03/1988

3a. Date of Last Report
04/19/1995

4. FEI Number

59-2902699

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

10. Name and Address of New Registered Agent

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.

FL

85

Zip Code

SIGNATURE

Signature of person authorized to change the registered office or registered agent

(Date) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

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