## 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

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90017 037 \*\*\*150.00

SHAW SECURITIES, INC.					-			
0							HEN 1111 HE	
Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4024 NORTH MERIDIAN RD. 4024 NORTH MERIDIAN RD.								
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312					DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					08/03/1988			
2. Principal Pl	2a. Mailing Address			4. FEI Number	<u> </u>	plied For		
21		26			59-2902699		Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5,- Certificate of Status Desired 🗻	\$ <b>8.75</b> / Fee Re		
22		City & Ctyle	-					
City & State	<del>)</del>	City & State			6. Election Campaign Financing Trust Fund Contribution	Added t	May Be	
Zíp	Country	28 Zip	Countr	,	This corporation owes the current year		10.003	
·	25	<u> </u>	30		Personal Property Tax.	Yes	□No	
24 25 29 30  9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent		
		· · · · · · · · · · · · · · · · · · ·	81	Name				
SHAW, FRANK, III				Ctract	Address (D.O. Boy Number in Not Acceptable)			
4024 NORTH MERIDIAN RD.				Street	Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32312								
			84	City		85 Zip (	Code	
			[		•	FL ( )		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	re-named	d corporation submits this statement for the purpos poration's board of directors. I hereby accept the a	e of changing its	registered gistered	
office or read agent. La	egistered agent, or both, in the State of my familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute:	s.	poration's board of directors. Thereby accept the a	pposition as re	9,515,154	
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent si				nt signature	required when reinstating) DAT  ADDITIONS/CHANGES TO OFFICER			
12.	PD OFFICERS AND	DELETE	1.1 TITLE		Chairman of Board, Director	Change	Addition	
i	SHAW, FRANK, JR.		1.2 NAME		Shaw Frank Jr		_	
NAME STREET ADDRESS	ARA AL APPRINATE OF		_	12 NAME 13 STREET ADDRESS 4024 N. Meridian Rd				
CITY-ST-ZIP	TALLAHASSEE FL 32312			T-ZIP	Tallahassee, FL 32312	<u>'</u>		
TITLE	VD	☐ DELETE	2.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition	
NAME	SHAW, SARAH	•	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32312	• • • • • • • • • • • • • • • • • • •	2. 4 CITY-	ST-ZIP	·			
TILE	VD	☐ DELETE	3.1 TITLE		Secretary, Director	🔀 Change	Addition	
NAME	HYDE, SALLY		3.2 NAME		Hyde, SALLY 5. 592 Frank Shaw Dr			
STREET ADDRESS			3.3 STREE	T ADDRESS	592 Frank Snaw Or			
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4. CITY-	ST-ZIP	Tallapasser, FL 32312	•		
TITLE	STVD	☐ DELETE	4.1 TITLE		President Director	Change	☐ Addition	
NAME:	Or inverse, reporting in		4. 2 NAME		Shaw, Frank III. 3520 Thomas ville Rd, 4th F.	latir		
STREET ADDRESS	COLO ITIONI IO TILLE TIDI TITI LEGITI			TADDRESS	1	· ·	.	
CITY ST-7IP	TALLAHASSEE EL 32312	-	4.4 CITY-5	ST-ZIP	Tallahassoc, FA. 32312			

CITY-ST-ZIP 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

SHAW, FRANK, JIL-

2281 TRESCOTT

TALLAHASSEE FL

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

IFO KIED TRED SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Hyde Jerry Frank Shaw Dr

Tallahassak, FL. 32312

Change

Change

Addition A

☐ Addition