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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066143 (7)

HUNTER-SHAW INTERNATIONAL, INC. Mailing Address Principal Place of Business 1 LA TERRAZA 1 LA TERRAZA LAKELAND FL 33813-2809 LAKELAND FL 33813 3a. Date of Last Report 3. Date Incorporated or Qualified 09/22/1993 04/23/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3202257 Not Applicable 21 26 Surte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has fiability for intangible tax under s. 199.032, 210 Country Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J 791 W. LUMSDEN ROAD Street Address (P.O. Box Number is Not Acceptable) 62 **BRANDON FL 33511** Zip Code 84 City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 TITLE Change ■ Addition TITLE HUNTER, SANDRA 1.2 NAME NAME 1 LA TERRAZA 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 1.4 City - ST-ZiP City-\$1-ZiP DELETE 2.1 TITLE Change Addition TITLE HUNTER, JAMES C 22 NAME NAME 1 LA TERRAZA 23 STREET ADDRESS STREET ADDRESS **LAKELAND FL 33813** 2 4 CITY-ST-ZIP CHTY - ST - ZIP

64 CITY-ST-ZIP

14. If 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.

31 TITLE

3.2 NAME

41 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

TIT F

NAME STREET ADDRESS

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NAME

CITY - S1 - ZIP

STREET ADDRESS

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CHTY - ST - ZIP

THE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

DELETE

DELETE

4/08/97

(941) C44-9318

Daytime Phone #

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Apr 17 1997 8:00am

Secretary of State