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PROFIT CORPORATION ANNUAL REPORT

1998



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043798 (5)

SHAW ENVIRONMENTAL CONSULTANTS, INC.

Principal Place of Business Mailing Address 2240 WOOLBRIGHT ROAD STE. 314

FILED Feb 02 1998 8:00am Secretary of State



2240 WOOLBRIGHT ROAD STE, 314 BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0499249 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHAW, JONATHAN E 2240 WOOLBRIGHT ROAD STE. 314 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33426** 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ DELETE Change ___ Addition 1.1 TITLE SHAW, JONATHAN E NAME 1.2 NAME 2240 WOOLBRIGHT ROAD STE. 314 STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33426** City-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP ☐ DELETE ___ Addition ☐ Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplier into 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 of 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 chapted.

5.4 CiTY-ST-ZiP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TRonathan E. Shaw

DELETE

1/27/98

561-736-5744

☐ Change

Addition

CR2E034