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PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000019646 (5) WASHAW HOMES, INC.					-				
	, , , , , , , , , , , , , , , , , , ,				1 1861 1861 118 1811	II B hai be ar	18111 Bânii Baid	r de rra erena	IIIII EIEIL BHEIBR
Principal Place of Business Mailing Address									
ROUTE 1 BOX 2793-A		ROUTE 1 BOX 2793-A							
HAVANA FL 32333		HAVANA FL 32333							
					3. Date Incorporated o	r Qualified	3a. Date	e of Last F	Report
2 Principal Dis	ace of Business				03/10/1995				,
21		2a. Mailing Address	28. Malling Address		4. FEI Number 59 - 33	4613	5/0		Applied For
Suite, Apt. #, etc.		Suite, Apt. #. etc.	Suite, Apt. #. etc.		0,		JU		Not Applicable Additional
22		27			5. Certificate of Status	Desired			Required
City & State		Orty & State			6. Election Campaign F	~	[7]	\$5.0	O May Be
Zφ	Country	28 Zip	Country		Trust Fund Contribut				d to Fees
24	25	29	30		This corporation has Florida Statutes		intangible ta S M No	ax under s	199.032,
	9. Name and Address of Currer	it Registered Agent			10. Name and Address			Agent	
SHAW,	TAL A		81 Nar	ne					
ROUTE	82 Stre	eet Addres	ss (P.O. Box Number is No	t Acceptal	ole)		·		
HAVAN	83								
			-						
			84 City				FL	_ _ _ '	o Code
 Pursuant to or registere 	the provisions of Sections 607.0502 ed agent, or both, in the State of Floric n, and accept the obligations of Section	and 607.1508, Florida Statut	es, the above named	d corporat	on submits this statement	for the pu		inging its r	egistered office
	n, and accept the obligations of Secti	on 607.0505, Florida Statutes	i	ii a bourt	or directors. The epy above	рше арр	onunent as	registered	agent. Lam
SIGNATURE -	Signature, typed or printed size or of registered a peut	and the day bank to the	III. Registers LAgent speci	and the second of	to a constant of				
12.	OFFICERS AND	T 10	13.		ADDITIONS/CHANGE	S TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
TITLE	D	DELETE	1 1 TITLE	Pre	sident		7	Change	Addition
NAME STREET ADDRESS	SHAW, W A ROUTE 1 BOX 2793-A		1.2 NAMÉ						
CITY-ST-ZIP	HAVANA FL 32333		1.3 STREET ADDRES	SS					
TITLE	D	DELETE	2 1 TITLE	Uba	- President			Change	C) Addition
NAME	MEANS, DARYL A	<u>-</u>	2.2 NAME	} -			<i>)</i> =	Q Ghange	Addition
STREET ADDRESS	1854 LOG RIDGE TRAIL		2.3 STREET ADDRES	s 24¢	67 Viceroy Co 11.,FL 3230	ourt			
CITY - ST - ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-2IP	Ta	11,,FL 3230	8			_
THTLE		☐ DELETE	3 1 THILE	Sec	dra E. Shaw del, Box 27		Ē	Change	Addition
NAME STREET ADDRESS			3 2 NAME	San	dra E. Shaw	_ 1			/
CITY-ST-ZIP			3.3 STREET ADDRES	ss Kou	HEIL ROX 21	1374	3		ł
TITLE		☐ DELETE	3.4 CITY - ST - ZIP 4. 1 THILE	1401	Jana, FL 32	アンフ		7.05.	F1
NAME			42 NAME				L] Change	Addition
STREET ADDR.:SS			4.3 STREET ADDRES	is					ļ
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
THILE		☐ DELETE	5 1 TITLE				Г] Change	Addition
NAME			5.2 NAME	1				•	
STREET ADDRESS			5.3 STREET ADDRES	s					
CITY-ST-ZIP		page 1	5.4 CITY - ST 2IF						
NAME		DELETE	6 1 Tifle) Change	Addition
STREET ADDRESS			62 NAME						1
CITY-SI-ZIP			63 STREET ADDRES	ŝ					
	certify that the information supplied w	ithe this films is each extend. for all	6.4 CrTY - ST - ZIP	- 1	· · · · · · · · · · · · · · · · · · ·				

14. I do hereby certify that the information supplied with this filling 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 904-545-8983

CR2E034 (12/95)