

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000019646 (5)**

1. Corporation Name  
**WASHAW HOMES, INC.**

Principal Place of Business

Mailing Address

**ROUTE 1 BOX 2793-A  
HAVANA FL 32333**

**ROUTE 1 BOX 2793-A  
HAVANA FL 32333-8801**



2. Principal Place of Business

2a. Mailing Address

21 **5280 St. Ives Ln**

26 **5280 St. Ives Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

Zip  
**32308**

Country

Zip  
**32308**

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/10/1995**

3a. Date of Last Report

**04/10/1996**

4. FEI Number

**59-3346156**

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

**SHAW, W A  
ROUTE 1 BOX 2793-A  
HAVANA FL 32333**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **(X) W.A. Shaw**

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-14-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW, W A</b>	
STREET ADDRESS	<b>ROUTE 1 BOX 2793-A</b>	
CITY- ST- ZIP	<b>HAVANA FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MEANS, DARYL A</b>	
STREET ADDRESS	<b>2467 VICEROY COURT</b>	
CITY- ST- ZIP	<b>TALLAHASSEE FL</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW, SANDRA E.</b>	
STREET ADDRESS	<b>RT 1, BOX 2793-A</b>	
CITY- ST- ZIP	<b>HAVANA FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	

3.1 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Presnell, Kelly M</b>	
3.3 STREET ADDRESS	<b>5280 St. Ives Ln</b>	
3.4 CITY- ST- ZIP	<b>Tallahassee, FL 32308</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I 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.

SIGNATURE:

**Kelly M. Presnell**

**1/14/97**

**(904) 599-1218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0060678

CR2E034 (9/96)