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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P95000031975 (2)

SHAW PROPERTIES OF JAX, INC. Principal Place of Business Mailing Address 8414 SAN ARDO DRIVE 8414 SAN ARDO DRIVE JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-4417 3. Date Incorporated or Qualified Sa. Date of Last Report 04/20/1995 03/19/1996 4. FEI Number 2. Principal Piace of Business 2a. Mailing Address Applied For 59-3305955 21 26 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032, Yes 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SHAW, CLIFF R 81 8414 SAN ARDO DRIVE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 **B3** City 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 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. from a forcity pest or pendomname of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change THU 1.1 TITLE Addition SHAW, CLIFF R NAME: 1.2 NAME 8414 SAN ARDO DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32217 1.4 CITY-ST-ZIP DIY-ST 7# DELETE Change Addition THLE 2.1 TITLE SHAW, ROBERT C 2.2 NAME NAME 2664 LAKESHORE BLVD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32210 2 4 CiTY-SY-ZIP CHTY - ST - 26 DELETE Change Addition 1005 3.1 TITLE N.M. 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP COLY ST ZII DELETE Change Addition 1:11.6 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TILLE NAME 5.2 NAME STREET ACERES 5.3 STREET ADDRESS CHY ST ZII 5.4 CITY - ST - ZIP DELETE 1:116 61 TITLE ☐ Change Addition HAMI 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do nereby 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; if are an officer or director of the corporation or the receiver or justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the corporation of the receiver or justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the recei

SHAW, HE

FILED Apr 29 1997 8:00am Secretary of State

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