

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000055398**

1. Corporation Name

BILL SHAW & ASSOCIATES, INC.

Principal Place of Business

**3480 CROAKER DR
SPRING HILL FL 34607
US**

Mailing Address

**3480 CROAKER DR
SPRING HILL FL 34607
US**

FILED
Jul 16, 1999 8:00 am
Secretary of State

07-16-1999 90017 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1995

4. FEI Number

59-3326565

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1039 TOSKI DRIVE

Suite, Apt. #, etc.

**22 City & State
NEW PORT RICHEY, FL.**

**23 Zip
34655**

**24 Country
PASCO**

2a. Mailing Address

26 1039 TOSKI DRIVE

Suite, Apt. #, etc.

**27 City & State
NEW PORT RICHEY, FL.**

**28 Zip
34655**

**29 Country
PASCO**

9. Name and Address of Current Registered Agent

**SHAW, WILLIAM
5709 MOSSBERG DRIVE
NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent

81 Name SHAW, WILLIAM D.

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

1039 TOSKI DRIVE

83

84 City NEW PORT RICHEY FL 85 Zip Code 34655

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 **William D. Shaw WILLIAM D. SHAW PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE
NAME **SHAW, WILLIAM**
STREET ADDRESS **3480 CROAKER DR**
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **SHAW, WILLIAM D.**
1.3 STREET ADDRESS **1039 TOSKI DRIVE**
1.4 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34655**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **SHAW, LOVEY**
2.3 STREET ADDRESS **1039 TOSKI DRIVE**
2.4 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34655**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: **William D. Shaw WILLIAM D. SHAW PRESIDENT 7-12-99 727-771-8212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0105341

590041-90017-47
P95000055398

1039 Toski Drive
New Port Richey, FL 34655

July 12, 1999

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Filing Fee for Bill Shaw & Associates, Inc.
Document #: P955000055398

Dear Sir:

----- We recently received a 2nd Notice to file our 1999 -----
Annual Report.

On February 28, 1999, we mailed you our check #1697 in the amount of \$150.00. We received the 2nd Notice July 6, 1999, we checked with our bank and learned this check has not cleared.

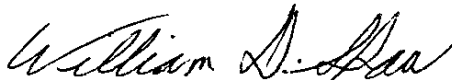
We moved from 3480 Croaker Drive, Spring Hill, FL, March 1, 1999, and gave you a change of address at the time we filed in February. This 2nd Notice was also mailed to 3480 Croaker Drive, Spring Hill, FL.

Please find enclosed our check #1724 in the amount of \$150.00 to replace #1697. We are mailing this Certified, Signed Receipt Requested.

If you have any questions, our new address is:
1039 Toski Drive, New Port Richey, FL 34655. Our telephone number is: 727-771-8212.

Thank you for your cooperation in this matter. We are sorry for any inconvenience this may have caused.

Sincerely,
Bill Shaw & Associates, Inc.


William D. Shaw
President