

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000101910 (2)**  
 1. Corporation Name  
**STEVE SHAW A/C & HEATING INC.**



Principal Place of Business Mailing Address  
**1890 51ST TERRACE SW NAPLES FL 34116**      **1890 51ST TERRACE SW NAPLES FL 34116**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
 21 **1890 51st Terr SW**      26 **1890 51st Terr SW**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22 City & State      27 City & State  
 23 **Naples FL**      28 **Naples FL**  
 Zip      Country      Zip      Country  
 24 **34116**      25 **Collier**      29 **34116**      30 **Collier**

3. Date Incorporated or Qualified  
**12/01/1997**  
 4. FEI Number      Applied For  
**59 3478793**      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 or has paid the current year Intangible Personal Property Tax due June 30.       Yes       No

9. Name and Address of Current Registered Agent  
**DEAVERS, CHERYL L**  
**1823 PRINCESS COURT**  
**NAPLES FL 34110**

10. Name and Address of New Registered Agent  
 81 Name  
**Steve Shaw**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1890 51st Terr SW**  
 84 City      85 Zip Code  
**Naples FL 34116**

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 *Steve Shaw*      **Steve Shaw Pres**      **02/14/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Signature of Agent is required if not already on file with the State)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Steve Shaw</b>	
STREET ADDRESS	<b>1890 51st Terr SW</b>	
CITY-ST-ZIP	<b>Naples FL</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> DELETE
NAME	<b>Andrea Shaw</b>	
STREET ADDRESS	<b>1890 51st Terr SW</b>	
CITY-ST-ZIP	<b>Naples FL 34116</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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 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: *Steve Shaw*      **Steve Shaw Pres.**      **02/14/98**

CR2E034 (10/97)