

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H03241 (7)**

1. Corporation Name

SHANNON HOMES OF GAINESVILLE, INC.



Principal Place of Business

**3921 NW 97TH BLVD
GAINESVILLE FL 32606
US**

Mailing Address

**3921 NW 97TH BLVD
GAINESVILLE FL 32606
US**

2. Principal Place of Business

2a. Mailing Address

21 3921 NW 97th, Blvd

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Gainesville, Fl.

28 Gainesville, Fl.

Zip

Zip

Country

Country

24 32606

25 Alachua

29 32606

30 Alachua

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/11/1984

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2415894

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

10. Name and Address of New Registered Agent

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 607.1503, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report and the change of agent

(NOTE: Registered Agent's signature required when requesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **SHANNON, MICHAEL D.**
STREET ADDRESS **5417 NW 67TH ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VPS** ☐ DELETE
NAME **SHANNON, CATHY R.**
STREET ADDRESS **5417 NW 67TH ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **ST** ☐ DELETE
NAME **RIVERS, MARGARET**
STREET ADDRESS **8424 NW 6TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation; 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 addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

331-8801

CR2E034 (12/95)