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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H03241

(7)

Mailing Address

SHANNON HOMES OF GAINESVILLE, INC.

FILED
Apr 03 1998 8:00am
Secretary of State

3921 NW 97TH BLVD GAINESVILLE FL 32606 US		3921 NW 97TH BLVD GAINESVILLE FL 32806 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					05/11/1984		
2. Principal Pi	ace of Business NW 97th. Blvd	2a. Mailion Address 9	7+h	Rlvd	4. FEI Number	Applied For	
21 3921	NW 9/th. BIVU	26 3921 NW 9	/ (11.	DIVU	59-2415894	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
· AMPARRENTIA DIAMIAA		City & State Flo	- troting ' GATT		11 6. Election Campaign Financing	\$5.00 May Be	
gainesville Florida		28			Trust Fund Contribution		
Zip 24 32607	Country	30 32606	_		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes	
24 3200	7 25 Alachua 9, Name and Address of Current	29	[30]	tlachuq	10. Name and Address of New Registered Addre		
WILLIAMS, JAMES 81 Name							
4424 N.W. 13TH ST., SUITE A-1				82 Street Address (P.O. Box Number is Not Acceptable)			
	INESVILLE FL 32609		82 Street Addres		ess (P.O. Box number is not Acceptable)		
				83			
				84 City		85 Zip Code	
FL 63 210 Color of CO2 1500 Clored Co2 1500 Clored Color of Co2 1500 Clored Color of Co2 1500 Clored Color of Co2 1500 Clored							
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 Margaret Rivers Sec/T Signature, typed or printed name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstating) DATE DATE							
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12	
TITLE	PI	DELETE	1.1 DH	E		Change Addition	
NAME	SHANNON, MICHAEL D.		1.2 NA				
STREET ADDRESS	BAAR AND AND AND			EET ADORESS			
CITY-ST-ZIP				Y - ST - 2 IP			
TITLE			2.1 TiT	TiTLE Change Addition		Change Addition	
NAME	SHANNON, CATHY R.		2.2 NA	ME .			
STREET ADDRESS	GAINESVILLE FL		2.3 STF	EET ADDRESS			
CITY-ST-ZIP			2.4 01	Y - S1 - Z IP			
TITLE	_		3.1 111	.F	L	Change	
NAME	ADDRESS 8424 NW 6TH AVE.		3.2 NA				
STREET ADDRESS			3.3 STF	EET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			3.4. C(TY - ST-2IP Change C		Change Addition	
TITLE		☐ DELETE	4.1 TEU			Onlange	
NAME OTREET ADDRESS			4. 2 NA	EET ADDRESS			
STREET ADDRESS				Y - ST - ZIP		_	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT			nange Addition	
NAME		—	5.2 NAI		, in the second	1/2	
STREET ADDRESS				EET ADDRESS	</	7/14/2	
CITY-ST-ZIP			5.4 CIT	Y-ST-2IP	7/	1111	
TITLE	☐ DELETE E		6.1 TIT	.E	50000247918	Shange Addition	
NAME			6.2 NA	ME	-04/06/3801010021		
STREET ADDRESS			6.3 STF	EET ADDRESS	***150.00		
CITY-ST-ZIP			6.4 CIT	Y-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. 352-331-8801							