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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Mar 27 1998 8:00am Secretary of State

SHANNON DEVELOPMENT COMPANY, INC.											
Principal Place	e of B usines	\$	Ма	Mailing Address) (00)/00)) (40 (0)/(00)/(00)/(00)/(00)/(00)/(00)/(00//(00//(00//(00//(00//(00//(00//(00//(00//(
1262 3RD ST., S., STE. F				1262 3RD ST., S., STE, F							
NAPLES FL 34102				NAPLES FL 34102					DO NOT WRITE IN THIS SPACE		
								-	3. Date Incorporated or Qualified		
									<u>'</u>		
2. Principal Place of Business				2e. Mailing Address					07/24/1997 4. FEI Number \ Applied For		
21				26				į	45-0184474 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					SR 75 Additional		
22				27					5. Certificate of Status Desired Fee Required		
City & State				City & State					6. Election Campaign Financing \$5.00 May Be		
23				28					Trust Fund Contribution Added to Fees		
Zip	Country			Z ₁ p Cou					8. This corporation owes or has paid the current year Intangible		
24	25		29						Personal Property Tax due June 30. Yes No		
		and Address of Current	t Regist	ered Agent		81	Merce		10. Name and Address of New Registered Agent		
COLEMAN, KEVIN G						"'	Name				
4001 TAMIAMI TRL., N., STE. 300								Addres	ddress (P.O. Box Number is Not Acceptable)		
NAPLES FL 34103							ļ				
•											
•						84	City	FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered agent and liftle if applicable (NOTE: Registered							ent signeture	required			
12.	_	OFFICERS AND	DIREC	DELETE	13.			T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	D MUDDLIV IAMES T			L_ DECEIE					Change C Addition		
NAME	MURPHY, JAMES T 1262 3RD ST., S., STE. F			1.2 N							
STREET ADDRESS	NAPLES FL 34102			i		1.3 STREET ADDRESS					
CITY-ST-ZIP	PVST			DELETE	DELETE 2.1 TiT		IT-ZIP	<u> </u>	Change Addition		
TITLE		MURPHY, JAMES T		ב שבננונ	•				Charles C Addition		
NAME	1262 3RD ST., S., STE. F						2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	NAPLES FL 34102										
CITY-ST-ZIP TITLE	IMPLES FL 34 (UZ			DELETE			. 4 CITY-ST-ZIP		Change Addition		
NAME				C otterit	3.2 N				change notiner		
STREET ADDRESS					3.3 STREET		. VDUDEGG				
CITY-ST-ZIP TITLE				DELETE	3.4. U		ST-ZIP	 	Change Addition		
NAME				to become	4.21						
STREET ADDRESS							. VIAUBEGG		†		
CITY - ST - ZIP					4.3 STREET ADORESS 4.4 CITY-ST-ZIP						
TITLE				DELETE	5.1 1		n - LIF	 	☐ Change ☐ Addition		
NAME					5.2 N						
STREET ADDRESS							ADDRES\$				
ľ						ITY-S					
CITY-ST-ZIP TITLE				DELETE	5.4 C		H*&IF		Change Addition		
NAME					6.2 N				tuned g- hand 1.000.		
							ADDRESS				
STREET ADDRESS											
14. I hereby o	ertify that th	e information supplied wit	th this fil	en does not qualify for		OMOD!		t ad in Se	action 119.07(3)(i), Florida Statutes, I further certify that the information		

Thereby certify that the information supplied with this time, does not qualify for the exemption stated in Section 119.07(3)(j). 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 truetee 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.