

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90032 017 ***150.00

DOCUMENT # 394662

1. Entity Name
SHANNON R. GINN CONSTRUCTION CO.

Principal Place of Business

**4600 EAST PARK DR
 #201
 PALM BEACH GARDENS FL 33410
 US**

Mailing Address

**P.O. BOX 14517
 NORTH PALM BEACH FL 33408
 US**

00017934



2. Principal Place of Business

2840 SW-BEAR PAW TRAIL

3. Mailing Address

2840 SW-BEAR PAW TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm City, Florida

City & State
Palm City, Florida

4. FEI Number **59-1375046**

Applied For
 Not Applicable

Zip
34990

Country
US

Zip
34990

Country
US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARY, JOHN W. III
 701 U.S. #1, SUITE 402
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GINN, SHANNON R	
STREET ADDRESS	P.O. BOX 14517	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KING, PAMELA J	
STREET ADDRESS	3295 SW SUNSET TRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEEBE, D. WILLIAM	
STREET ADDRESS	508 GREENWAY DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ginn, Shannon R.	
STREET ADDRESS	2840 S.W. BEAR PAW TRAIL	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHANNON R. GINN, PRESIDENT** 1/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/01)