

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

**CORPORATION
ANNUAL REPORT
1995**



STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 4:15

DOCUMENT # G88249 (9)

1. Corporation Name

SHELTER SEAGATE HOLDERS CORPORATION

Principal Place of Business

**900 SECOND AVE S. STE 880
MINNEAPOLIS MN 55402
US**

Mailing Address

**900 SECOND AVE S. STE 880
MINNEAPOLIS MN 55402
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1984

3a. Date of Last Report

04/27/1994

4. FEI Number

41-1604922

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLSON, GARRETT G
4501 TAMiami TrL
SUITE 216
NAPLES FL 33940**

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 607.1505, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

GARRETT G. CARLSON

2-20-95

Signature required for a change of registered agent or office.

(If FIC: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
CARLSON, GARRETT G.
4501 TAMiami TrL #216
NAPLES, FL**

Delete

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

102
NAME
STREET ADDRESS
CITY, ST, ZIP

**TD
THORSTEINSON, A.C..
2600 SEVEN EVERGREEN PL
WINNIPEG, MANITOBA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

103
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
LOUNT, GRAHAM
2600 SEVEN EVERGREEN PL
WINNIPEG, MANITOBA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

104
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

105
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

106
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is verifiably furnished and drawn not equally for the corporation stated in Section 1.10 (2)(b), Florida Statutes. I further certify that the information indicated on this official report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the person or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. I am not a registered agent with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.C. THORSTEINSON 2-20-95 (204) 475-9090