

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P00581** (9)

1. Corporation Name  
**SHANNON PROPERTIES, INC.**



Principal Place of Business: 7508 E INDEPENDENCE BLVD SUITE 130 CHARLOTTE, NC. 28227 US  
Mailing Address: 7508 E INDEPENDENCE BLVD SUITE 130 CHARLOTTE, NC. 28227 US

3. Date Incorporated or Qualified: 01/13/1984  
3a. Date of Last Report: 03/08/1995  
4. FEI Number: 34-1402624  
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 1801 Richards Rd. 22 Suite, Apt. #, etc.  
23 City & State: Toledo, Oh.  
24 Zip: 43607 25 Country: USA  
26 Mailing Address: 26 P.O. Box 909 27 Suite, Apt. #, etc.  
28 City & State: Toledo, Oh.  
29 Zip: 43697 30 Country: USA

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHULTZ, EDWARD J.	
STREET ADDRESS	4500 DORR STREET	
CITY-STATE-ZIP	TOLEDO OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HESS, MARK	
STREET ADDRESS	4500 DORR ST.	
CITY-STATE-ZIP	TOLEDO OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GHIA, DELMIRO A.	
STREET ADDRESS	7520 E INDEPENDENCE BLVD	
CITY-STATE-ZIP	CHARLOTTE, NC.	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZMUDA, PHILLIP R.	
STREET ADDRESS	7520 E INDEPENDENCE BLVD	
CITY-STATE-ZIP	CHARLOTTE, NC.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHULTZ, EDWARD J.	
STREET ADDRESS	4500 DORR STREET	
CITY-STATE-ZIP	TOLEDO OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Gray Golden	
23 STREET ADDRESS	4500 DORR ST.	
24 CITY-STATE-ZIP	Toledo, Oh.	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Allan Timmerman	
33 STREET ADDRESS	1801 Richards Rd.	
34 CITY-STATE-ZIP	Toledo, Oh.	
41 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Don P. Ahlberg	
43 STREET ADDRESS	1801 Richards Rd.	
44 CITY-STATE-ZIP	Toledo, Oh.	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	CHRISTOPHER CZARNA	
63 STREET ADDRESS	4500 DORR ST.	
64 CITY-STATE-ZIP	Toledo, Oh.	

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 or its receiver or trustee, or 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 additional page with an address.

SIGNATURE: *Gray M. Golden* 3/15/96 (419) 531-4847  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)