

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90286 002 \*1,500.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P00581

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

Principal Place of Business Mailing Address  
 660 BEAVER CREEK CIRCLE PO BOX 931  
 MAUMEE OH 43537 TOLEDO OH 43697  
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**01/13/1984**  
 4. FEI Number Applied For  
**34-1402624** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing  \$5.00 May Be Added to Fees  
 7. Trust Fund Contribution   
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS  DELETE

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHULTZ, EDWARD J.</b>	
STREET ADDRESS	<b>4500 DORR STREET</b>	
CITY-ST-ZIP	<b>TOLEDO OH 43607</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDEN, GARY</b>	
STREET ADDRESS	<b>4500 DORR ST.</b>	
CITY-ST-ZIP	<b>TOLEDO OH 43607</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>TIMMERMAN, ALLAN</b>	
STREET ADDRESS	<b>1801 RICHARD RD</b>	
CITY-ST-ZIP	<b>TOLEDO OH 43607</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>AHLBERG, JON P</b>	
STREET ADDRESS	<b>1801 RICHARDS RD</b>	
CITY-ST-ZIP	<b>TOLEDO OH 43607</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHULTZ, EDWARD J.</b>	
STREET ADDRESS	<b>4500 DORR STREET</b>	
CITY-ST-ZIP	<b>TOLEDO OH 43607</b>	
TITLE	<b>AT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CZARKA, CHRISTOPHER</b>	
STREET ADDRESS	<b>4500 DORR ST</b>	
CITY-ST-ZIP	<b>TOLEDO OH 43615</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Donald W. Commons</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>AT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Amy L. Hansen</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>A. Calvin Axtell, Jr.</b>	
5.3 STREET ADDRESS	<b>515 Congress Ave, Suite 2525</b>	
5.4 CITY-ST-ZIP	<b>Austin, TX 78701</b>	
6.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Paul J. Bishop</b>	
6.3 STREET ADDRESS	<b>1801 Richards Road</b>	
6.4 CITY-ST-ZIP	<b>Toledo, OH 43607</b>	

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, with all other like empowered.

SIGNATURE: *[Signature]* **Donald W. Commons** **Secretary** **4/13/99** **(419) 535-4664**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)