FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 12: 24

DOCUMENT # P18311 (1)

1. Corporation Name

SHANNON LONGBOAT, INC.

Principal Place of Business
442 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address
442 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1988
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 06-1217527 ☐ 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

9. Name and Address of Current Registered Agent

EAGAN, W. SHANE
3420 BAYOU SOUND
LONGBOAT KEY FL 34228

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1 1 TITLE		☐ Change ☐ Addition
NAME	SMITH, LAURENCE R.	1 2 NAME		
STREET ADDRESS	22 SPENCER STREET	1 3 STREET ADDRESS		
CITY ST ZIP	NAUGATUCK CT	1 4 CITY ST ZIP		
TITLE	VD	2 1 TITLE	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
NAME	EAGAN, W. SHANE	2 2 NAME		
STREET ADDRESS	3420 BAYOU SOUND	2 3 STREET ADDRESS		
CITY ST ZIP	LONGBOAT KEY FL	2 4 CITY ST ZIP		
TITLE	PT	3 1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HOLMES, THOMAS R.	3 2 NAME		
STREET ADDRESS	22 SPENCER STREET	3 3 STREET ADDRESS		
CITY ST ZIP	NAUGATUCK CT	3 4 CITY ST ZIP		
TITLE	SD	4 1 TITLE		☐ Change ☐ Addition
NAME	RASMUSSEN, THOMAS	4 2 NAME		
STREET ADDRESS	444 GULF OF MEXICO DRIVE	4 3 STREET ADDRESS		
CITY ST ZIP	LONGBOAT KEY FL	4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

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 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.

SIGNATURE: [signature] Tom Rasmussen 3/14/95 (813) 383 8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0346007 CP