

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

APPROVED
AND
FILED

95 APR -7 AM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18363 (2)

1. Corporation Name
SHANNON HOTEL GROUP, 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 03/09/1988
3a. Date of Last Report 03/14/1994

2. Principal Place of Business
21 444 GULF of Mexico Dr
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25 26 27 28 29 30

4. FEI Number 06-1211393
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

Signature of person or persons authorized to register agent and the corporation

(X) If Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EAGAN, W. SHANE
STREET ADDRESS 3420 BAYOU SOUND
CITY ST ZIP LONGBOAT KEY FL
TITLE VD
NAME SMITH, LAURENCE R.
STREET ADDRESS 22 SPENCER STREET
CITY ST ZIP NAUGATUCK CT
TITLE SD
NAME RASMUSSEN, THOMAS
STREET ADDRESS 444 GULF OF MEXICO DRIVE
CITY ST ZIP LONGBOAT KEY FL
TITLE TD
NAME HOLMES, THOMAS R.
STREET ADDRESS 22 SPENCER STREET
CITY ST ZIP NAUGATUCK CT
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Rasmussen

3/14/95 (813) 383-8500