

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90018 010 \*\*\*550.00

DOCUMENT # P95000008145

1. Corporation Name

SHANNON INVESTMENTS, INC.



Principal Place of Business

947 BIRD BAY CT  
APT 201  
LAKE MARY FL 32746-378  
US

Mailing Address

947 BIRD BAY CT  
APT 201  
LAKE MARY FL 32746-378  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1995

4. FEI Number

59-3292798

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 owes the current year  
Intangible Personal Property.

☐

Yes

☒

No

2. Principal Place of Business

21 4000 Brandon Hill Dr

Suite, Apt. #, etc.

22 City & State  
Tallahassee FL

23 Zip  
32308

24 Country  
US

2a. Mailing Address

26 4000 Brandon Hill Dr

Suite, Apt. #, etc.

27 City & State  
Tallahassee FL

28 Zip  
32308

29 Country  
US

9. Name and Address of Current Registered Agent

SMITH, SHANNON

947 BIRD BAY CT  
APT 201  
LAKE MARY FL 32746-3378  
4000 Brandon Hill Dr  
Tallahassee, FL  
32308

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMITH, SHANNON S  
STREET ADDRESS 947 BIRD BAY CT, APT 201  
CITY-ST-ZIP LAKE MARY FL 32746-3378

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Shanny Smith  
1.3 STREET ADDRESS 4000 Brandon Hill Dr  
1.4 CITY-ST-ZIP Tallahassee FL 32308

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 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 in an attachment with an address.

SIGNATURE:

Shanny Smith

7-14-99

Date

Daytime Phone #

CR2E034 (5/99)