

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 FEB 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062908 (5)

1. Corporation Name

SHG OF LONGBOAT KEY, INC.

SHANNON HOTEL GROUP, INC. *Name OK JS*

Principal Place of Business

444 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address

444 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0636776

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, DONALD J
2033 MAIN STREET
SUITE 300
SARASOTA FL 34237

81 Name

W. SHANE EAGAN

82 Street Address (P.O. Box Number is Not Acceptable)

444 GULF OF MEXICO DR.

83

84 City

LONGBOAT KEY

FL

85 Zip Code

34228

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

W. SHANE EAGAN, PRES.

2/1/96

Signature typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

PRESIDENT/D

NAME

W. SHANE EAGAN

1.2 NAME

W. SHANE EAGAN

STREET ADDRESS

444 GULF OF MEXICO DR.

1.3 STREET ADDRESS

444 GULF OF MEXICO DR.

CITY-ST-ZIP

LONGBOAT KEY, FL 34228

1.4 CITY-ST-ZIP

LONGBOAT KEY FL 34228

TITLE ☐ DELETE

2.1 TITLE

VP/ SEC/D

NAME

TOM RASMUSSEN

2.2 NAME

TOM RASMUSSEN

STREET ADDRESS

444 GULF OF MEXICO DR.

2.3 STREET ADDRESS

444 GULF OF MEXICO DR.

CITY-ST-ZIP

LONGBOAT KEY, FL 34228

2.4 CITY-ST-ZIP

LONGBOAT KEY, FL 34228

TITLE ☐ DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

3000001729893

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

03/04/96-01003-012

****208.75 ****208.75

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

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:

TOM RASMUSSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 941-383-8800

Date

Daytime Phone #

CR2E034 (12/95)