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FILED

**May 13 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000052365 (9)

1. Corporation Name
SH GENERAL PARTNER, INC.



Principal Place of Business
**4000 SANDESTIN BLVD. SOUTH
DESTIN FL 32541**

Mailing Address
**4000 SANDESTIN BLVD. SOUTH
DESTIN FL 32541-4279**

3. Date Incorporated or Qualified
06/19/1996

3a. Date of Last Report

4. FEI Number
59-3398819

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 **40 Robert Kamm**

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**LLOYD, BRENDA
4000 SANDESTIN BLVD. SOUTH
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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 *Brenda Lloyd*

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D O'NEAL, MIKE
1.3 STREET ADDRESS	2200 WOODHILL
1.4 CITY-ST-ZIP	Edmond OK
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP/D LOWE, Burt
2.3 STREET ADDRESS	1219 ROKMERE ROAD
2.4 CITY-ST-ZIP	TAMPA FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D Adams, Charles
3.3 STREET ADDRESS	104 Liverpool Street
3.4 CITY-ST-ZIP	Williamsburg, VA
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Morris, Walter
4.3 STREET ADDRESS	711 Walnut St
4.4 CITY-ST-ZIP	Helena AR
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Matthews, J. D.
5.3 STREET ADDRESS	130 Wedgwick Lane
5.4 CITY-ST-ZIP	Athens GA
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP Kamm, Robert
6.3 STREET ADDRESS	4000 Sandestin Blvd S.
6.4 CITY-ST-ZIP	Destin FL 32541

14. I do 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.

SIGNATURE: *Robert Kamm* **Robert Kamm** 4/29/97 904-267-9500

CR2E034 (9/96)