

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000052365 (9)**  
 1. Corporation Name  
**SH GENERAL PARTNER, INC.**

Principal Place of Business <b>4000 SANDESTIN BLVD. SOUTH                  DESTIN FL 32541</b>	Mailing Address <b>C/O ROBERT KAMM                  4000 SAN DESTIN BLVD. S.                  DESTIN FL 32541                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/19/1996</b>	4. FEI Number <b>59-3398819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD O'NEAL, MIKE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 WOODHILL	1.2 NAME	
STREET ADDRESS	EDMOND OK	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VPD LOWE, BURTON	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1219 ROXMERE RD	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD ADAMS, CHARLES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	104 LIVERPOOL STREET	3.2 NAME	
STREET ADDRESS	WILLIAMSBURG VA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D MORRIS, WALTER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	711 WALNUT ST	4.2 NAME	
STREET ADDRESS	HELENA AR	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D MATTHEWS, J.D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	130 WEKEFIELD LANE	5.2 NAME	
STREET ADDRESS	ATHENS GA	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	VP KAMM, ROBERT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000 SANDESTIN BLVD. S.	6.2 NAME	
STREET ADDRESS	DESTIN FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: *Robert I. Kamm* 3/11/98 850-267-9500

CFR2E034 (10/97)