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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000048012

1. Corporation Name

SHUANEY DEVELOPMENT COMPANY I

	•									
Principal Place	of Business	Ma	iling Address							Bin iidi tanı
600 S. BARRACKS STREET			600 S. BARRACKS STREET							
SUITE 210		SUIT	SUITE 210				DO NOT WOITE IN THE COACE			
PENSACOLA FL 32501		PEN	PENSACOLA FL 32501				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 05/30/1997			
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number		App	lied For
21		26					<b>59-34642<u>73</u></b>		Not	Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	□	\$8.75 A	
City & State	<u> </u>		City & State	-			6. Election Campaign Financing		\$5.00	May Be
23		28	·				Trust Fund Contribution		Added to	
Zip	Country		Zip	Countr	ry		8. This corporation owes the curr	ent year Inta	angible	
24	25	29		30			Personal Property Tax.	•		□No
	9. Name and Address of Cu		tered Agent	1441	_		10. Name and Address of New I	Registered /	Agent	
				8	11	Name				
SCHV	veizer, W. Todd			_	<u>.</u>	<u> </u>	(0.0.0.1)	oblo)		***********
600 S	S. BARRACKS STREET			8	12 3	Street Addre	ess (P.O. Box Number is Not Accept	abie)		
SUITE	E 210		•	8:	13				_	
PENS	ACOLA FL 32501			L					, ,	
				8	34 (	City		FL	85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607	.0502 and 60	07.1508, Florida Statu	ites, the abo	ve-n	named corpo	oration submits this statement for the	purpose of of the appoin	oranging its i	registered sistered
office or re agent, I an SIGNATURE	egistered agent, or both, in the S n familiar with, and accept the ol	tate of Florid oligations of,	la. Such change was a Section 607.0505, Flo	authorized b orida Statute	es.	e corporatio	on's board of directors. I hereby acce	purpose of pt the appoint	ntment as reg	registered pistered
office or re agent. I an SIGNATURE	egistered agent, or both, in the S n familiar with, and accept the of Signature, typed or printed name of registere	tate of Florid oligations of,	la. Such change was a Section 607.0505, Flo	authorized b orida Statute	es.	e corporatio	oration submits this statement for the on's board of directors. I hereby acce d when reinstating)  ADDITIONS/CHANGES TO OF	DATE	Timeni as reg	istered
office or reagent. I am	egistered agent, or both, in the S n familiar with, and accept the ol Signature, typed or printed name of registere OFFICERS	tate of Florid oligations of,	la. Such change was a Section 607.0505, Flo	authorized bi orida Statute E: Registered Ag	gent si	e corporatio	on's board of directors. I nereby acce	DATE	Timeni as reg	istered
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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 supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Sectio

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

沢EQUIRED SIGNATURE AND EXPENSE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR