

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 31 1998 8:00am
Secretary of State

DOCUMENT # **V03560**

(2)

1. Corporation Name

SHOAL DEVELOPMENT CORP.



Principal Place of Business

**100 FEDERAL STREET
01-19-03
BOSTON MA 02110
US**

Mailing Address

**100 FEDERAL STREET
01-19-03
BOSTON MA 02110
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1991

4. FEI Number

04-3144980

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND BLVD
PLANTATION FL 33324**

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

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUCKETT, DENNIS J	
STREET ADDRESS	100 FEDERAL ST	
CITY-STATE-ZIP	BOSTON MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HUDSON, STEVEN P.	
STREET ADDRESS	100 FEDERAL STREET	
CITY-STATE-ZIP	BOSTON MA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WESTPHAL, MARVIN A	
STREET ADDRESS	100 FEDERAL ST	
CITY-STATE-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NORMAN, AMY L.	
STREET ADDRESS	100 FEDERAL ST	
CITY-STATE-ZIP	BOSTON MA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HARTMANN, ROBERT J.	
STREET ADDRESS	100 FEDERAL ST	
CITY-STATE-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUINEY, ALICE M.	
STREET ADDRESS	100 FEDERAL STREET	
CITY-STATE-ZIP	BOSTON MA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. Faye Ballou	
1.3 STREET ADDRESS	100 Federal Street	
1.4 CITY-STATE-ZIP	Boston, MA 02110	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael R. Garfield	
2.3 STREET ADDRESS	100 Federal Street	
2.4 CITY-STATE-ZIP	Boston, MA 02110	
3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christopher Canniff	
3.3 STREET ADDRESS	100 Federal Street	
3.4 CITY-STATE-ZIP	Boston, MA 02110	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	000002605530	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-08/03/98--01092--008	
5.3 STREET ADDRESS	***150.00	
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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.

CR2E034 (5/98)

BankBoston, N.A.
100 Federal Street
Boston, Massachusetts 02106



July 20, 1998

Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Shoal Development Corp.
Document # V03560

Gentlemen:

Enclosed please find our check in the amount of \$150.00 and the 1998 Annual Report for Shoal Development Corp.. Please note that the \$400.00 late fee is not included since the first notice of the report was never received by this office.

If you have any questions, please contact me at 617 434-2899.

Sincerely,

A handwritten signature in cursive script, appearing to read "E. Faye Ballou".

E. Faye Ballou
Assistant Clerk

enclosure