



COMPANIES

HOUSE



363_b

Annual Return

Please return to

THE REGISTRAR OF COMPANIES
COMPANIES HOUSE
37 CASTLE TERRACE
EDINBURGH
EH1 2EB

of company number **CN** SC091075

B

company name
AN LANNTAIR LIMITED

This form should be completed in black.

Date of this return *(See note 1)*

The information in this return should be made up to a date not later than

If you are making the return up to an earlier date please show the date here.

Date of next return *(See note 2)*

If you wish to make your next return to a date earlier than the anniversary of this return, please show the date here. Companies House will then send a form at the appropriate time.

	Day	Month	Year
DA	1	7	95

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DB			
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Registered Office *(See note 3)*

This is the address registered by Companies House as at 27/06/95

THE TOWN HALL
SOUTH BEACH STREET
STORNOWAY
ISLE OF LEWIS

Use this space to notify a change of registered office address.

RO _____

Post Town _____

County/Region _____

Postcode _____

Principal business activities

(See note 4)

Show trade classification code number for principal activity or activities.

If the code number cannot be determined give a brief description of principal activity.

PA _____

ART GALLERY

Register of members*(See note 5)*

If the register of members is not kept at the registered office, state here where it is kept.

RM	
Post Town	
County/Region	
Postcode	

Register of Debenture holders*(See note 6)*

If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

RD	
Post Town	
County/Region	
Postcode	

Company type*(See note 7)*

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

T1	<input type="checkbox"/>
T2	<input type="checkbox"/>
T3	<input checked="" type="checkbox"/>
T4	<input type="checkbox"/>
T5	<input type="checkbox"/>
T6	<input type="checkbox"/>
T7	<input type="checkbox"/>

Please mark the appropriate box

Company Secretary*(See note 8)*
(Please photocopy this area to provide details of joint secretaries)

Name *Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

* Voluntary details

Details of a new company secretary must be notified on form 288.	
CS	DK
JOHN	
SMITH	
MB, ChB, MRCP	
AD	THE SURGEY,
CARLOWAY,	
Post Town	
County/Region	ISLE OF LEWIS
Postcode	
Country	SCOTLAND

Directors (See note 8)

Please list directors in alphabetical order

Name***Style/Title****Forenames****Surname*****Honours etc****Previous forenames****Previous surname****Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth**Business occupation****Other directorships**

Details of new directors **must** be notified on form 288

CD MR

OWEN EDWARD

BUTLER

AD 8 SCHOOL PARK

KNOCK

Post Town POINT

County/Region ISLE OF LEWIS

Postcode HS2 OBS

Country SCOTLAND

Day Month Year

DO 25 06 53Nationality **NA** BRITISH**OC** GRAPHIC ARTIST**OD** REVL LIMITED**Name*****Style/Title****Forenames****Surname*****Honours etc****Previous forenames****Previous surname****Address**

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth**Business occupation****Other directorships****CD** STUART

BAGSHAW

AD 17 LAKDALE

Post Town STORNOWAY

County/Region ISLE OF LEWIS

Postcode

Country SCOTLAND

Day Month Year

DO 02 12 40Nationality **NA** BRITISH**OC** ARCHITECT**OD**

* Voluntary details

If you have more than two directors please use the continuation sheet provided

Issued share capital

(See note 9)

Enter details of all the shares in issue at the date of this return.

Class	Number	Aggregate Nominal Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals	_____	_____

Please mark the appropriate box(es)

There were no changes in the period ☐

on paper not on paper

A list of changes is enclosed ☐ ☐

A full list of members is enclosed ☐ ☐

List of past and present members (See note 10)

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

The last full members list was at

Elective resolutions

(See note 11)

(Private companies only)

If an election is in force at the date of this return to dispense with annual general meetings, *mark this box.* ☐

If an election is in force at the date of this return to dispense with laying accounts in general meetings, *mark this box.* ☐

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

I enclose the fee of **£18.**

SignedDon T. Kennedy

Secretary/Director *

(* delete as appropriate)

Date

2.11.95

This return includes 3 continuation sheets.
(enter number)

To whom should Companies House direct any enquiries about the information shown in this return?

CIB SERVICES

63 KENNETH STREET

STEENOWAY

ISLE OF LEWIS Postcode HS1 2DS

Telephone 01851 702030 Extension _____

- Check List** Have you included
- your principal business activity code?
 - dates of birth of all directors?
 - a signature of either a director or secretary?
 - a members list (if required)?
 - a cheque made payable to Companies House?

Directors (continued)

(See note 8)

Name *Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

Details of new directors **must** be notified on form 288**CD**

CATEIONA

CAMBELL

MARRIED NAME EARDNS , NOW SEPERATED FROM
HUSBAND SO REVECTS TO MAIDEN NAME,

AD

19 NORTH BRAGAR

Post Town

County/Region ISLE OF LEWIS

Postcode

Country SCOTLAND

Day Month Year

DO

0 5 0 2 5 7

Nationality **NA** BRITISH**OC****OD**

LEWIS COUNCIL OF SOCIAL SERVICES

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

CD

MR

KENNETH THOMAS

KENNEDY

AD

9 GOATHILL ROAD

Post Town STORNOWAY

County/Region ISLE OF LEWIS

Postcode

Country SCOTLAND

Day Month Year

DO

2 8 1 2 4 5

Nationality **NA** BRITISH**OC**

LOCAL GOVERNMENT OFFICER

OD

REVL LIMITED

* Voluntary details

Directors (continued)

(See note 8)

Name *Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

Details of new directors **must** be notified on form 288**CD**

MR

DONALD

MACDONALD

AD

23 MACDONALD ROAD

Post Town STORNOWAY

County/Region ISLE OF LEWIS

Postcode HS1 2YT

Country SCOTLAND

Day Month Year

DO

161250

Nationality **NA** BRITISH**OC**

COMPUTER ANALYST

OD

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

CD

KATE

MACFARLANE

AD

31 ANDERSON ROAD

Post Town STORNOWAY

County/Region ISLE OF LEWIS

Postcode

Country SCOTLAND

Day Month Year

DO

280363

Nationality **NA** BRITISH**OC**

ART TEACHER

OD

* Voluntary details

Directors (continued)

(See note 8)

Name***Style/Title**

Forenames

Surname

***Honours etc**

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Details of new directors **must** be notified on form 288**CD**

MR

ALISTAIR

MACKAY

AD

37A NEWVALLEY

Post Town STORNOWAY

County/Region ISLE OF LEWIS

Postcode HS2 ODN

Country SCOTLAND

Day Month Year

Date of birth

DO

25 10 53

Nationality **NA** BRITISH

Business occupation

OC

CORPORATE AFFAIRS MANAGER

Other directorships

OD**Name*****Style/Title**

Forenames

Surname

***Honours etc**

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

CD

MR

DONALD JOHN

MACSWEEN

AD

49 LOWER BAYLE

Post Town POINT

County/Region ISLE OF LEWIS

Postcode HS2 OQA

Country SCOTLAND

Day Month Year

Date of birth

DO

09 05 49

Nationality **NA** BRITISH

Business occupation

OC

CHIEF EXECUTIVE

Other directorships

OD*** Voluntary details**

Directors (continued)

(See note 8)

Name *Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

Details of new directors must be notified on form 288

CD

DR

JOHN

SMITH

MB, CHB, MRCP

AD

THE SURGERY

CARLOWAY

Post Town

County/Region ISLE OF LEWIS

Postcode

Country SCOTLAND

Day Month Year

DO

2 8 0 1 4 5

Nationality **NA** BRITISH**OC**

GENERAL MEDICAL PRACTITIONER

OD

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Date of birth

Business occupation

Other directorships

CD**AD****DO****OC****OD**Nationality **NA**

* Voluntary details

Continuation Sheet