COI	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # 548731 1. Corporation Name SHORES BUILDING AND SUPPLY CO			(9)					
SHOP	BUILDING AND S	OPPLY COMP	ANY, INCOR	PORATED				IJIH AMAR MEN PANDA
Principal Plac 9594-A MAF OCALA FL : US	RICAMP RD.	95	ng Address 94-A MARICAMP R FALA FL 34472	D.			01 2101 01017 <b>4</b> 4011	17871 87871 87877 87871 (88)
2 Principal D	lace of Business					<ol> <li>Date Incorporated or Qualified 10/07/1977</li> </ol>		f Last Report <b>30/1995</b>
21 Principal P	lace of Business	2a. № 26	2a. Mailing Address			4. FEI Number Applied For		Applied For
Suite, Apt.		S 27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stat		28				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Zip Country 25 29  9. Name and Address of Current Registr			Zip Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
	5. Name and Address o	r current negister	ea Agent		Name	10. Name and Address of New F	Registered Ag	ent
7 E. SIL	CHESTER J. VER SPRINGS BLVD FL 32670			82 83		ress (P.O. Box Number is Not Acceptal		
<b>11.</b> Pursuant t or register familiar wil	to the provisions of Sections 6 ed agent, or both, in the State th, and accept the obligations	07.0502 and 607.19 of Florida, Such ch of, Section 607.050	508, Florida Statul ange was authoriz 15, Florida Statutes	es, the above-		ration submits this statement for the pur rd of directors. I horeby accept the app	⊢ ⊩L. ∣	85 Zip Code ing Its registered office jistered agent. I am
SIGNATURE								
12.	Signature, typed or printed name of regist OFFICE	tered agent and title if applic		11. Registered Ager	nt signature require		DATE	
TITLE	PD		DELETE	1. 1 TILLE	Т	ADDITIONS/CHANGES TO OFFI		
NAME	NADEAU, ROGER			1.2 NAME				Change
STREET ADDRESS	415 N.E. 21ST AVE.			1.3 STREET	ADDRESS			Í
CITY-ST-ZIP	OCALA FL			1.4 CITY - S	ST-ZIP			
TITLE NAME	std Nadeau, andre		DELETE	2. 1 TITLE				hange
STREET ADDRESS	3200 S.E. 35TH ST.			22 NAME				
CITY-ST-ZIP	OCALA FL			23 STREET				
TITLE			DELETE	2.4 CITY - S 3. 1 TITLE	1-712			<b>C</b>
NAME				3.2 NAME		• •		hange [ Addition
STREET ADDRESS				3 3. STREET	ADDRESS			
CITY-ST-ZIP				3.4 C/TY-S	I - ZiP			
TITLE			DELETE	4. 1 TITLE				hange Addition
NAME STREET ADDRESS				4.2 NAME				1
CITY-ST-ZIP				43 STREET				
TITLE			DELETE	4.4 CITY-S	I - ZIP			
NAME			- December	5 1 TITLE 5.2 NAME			□ c	nange Addition
STREET ADDRESS				5.3 STREFT	ATIONESS			
CITY - ST - ZIP				5.3 STREET				
TITLE			DELETE	6. 1 TITLE	<del></del>			

64 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 changed, or on an attachment with an address.

6 2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition